

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000081812**

1. Entity Name  
**C. L. GOLF, INC.**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90142 046 \*\*\*150.00

Principal Place of Business

**1628 LINKSIDE DRIVE WEST  
ATLANTIC BEACH FL 32233  
US**

Mailing Address

**1628 LINKSIDE DRIVE WEST  
ATLANTIC BEACH FL 32233  
US**

**00033855**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3467398**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GUILD, ROBERT B  
436 JACKSONVILLE DR  
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

State

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and chief operating officer

(NOTE: Registered Agent's signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**P**  
**RAULERSON, CHARLES R JR.**  
**1628 LINKSIDE DRIVE WEST**  
**ATLANTIC BEACH FL 32233**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-STATE-ZIP  
**VPS**  
**RAULERSON, LIZA L.**  
**1628 LINKSIDE DRIVE WEST**  
**ATLANTIC BEACH FL 32233**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other I've empowered.

SIGNATURE:

*Charles R Raulerson Jr*  
**Charles R Raulerson Jr**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printing

CR2E034 (10/00)