

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103230

1. Entity Name
GOLF & CLUB SERVICES, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90505 006 ***150.00

Principal Place of Business
**3966 BERLIN DR
SARASOTA FL 34233**

Mailing Address
**3966 BERLIN DR
SARASOTA FL 34233
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0803483** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ELLIOTT, W E III
3966 BERLIN CIRCLE
SARASOTA FL 34233**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 *Wm E. Elliott, III As President of the Corporation* 3/6/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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-ST-ZIP	DPST ELLIOTT, W.E. III 3966 BERLIN DRIVE SARASOTA FL 34233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ELLIOTT, REBECCA W. 3966 BERLIN DRIVE SARASOTA FL 34233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wm E. Elliott, III As President* 3/6/2001 941-921-7987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)