

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004117

1. Entity Name

B.P.W. GOLF, INC.

Principal Place of Business

606 SUGARWOOD WAY  
MELBOURNE FL 32940

Mailing Address

606 SUGARWOOD WAY  
MELBOURNE FL 32940

2. Principal Place of Business

2218 Sarno Road

3. Mailing Address

2218 Sarno Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

59-3504310

Applied For

Not Applicable

Zip

Country

Zip

Country

- 32935

Brevard

32935

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HESSEN, STEPHEN SR  
606 SUGARWOOD WAY  
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

Timothy P. Cason, Sr

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

2218 Sarno Road

City

Melbourne

FL

Zip Code

32935

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 *Timothy P. Cason Sr*

Timothy P. Cason, Sr.

1/11/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE P  
NAME HESSEN, STEPHEN SR  
STREET ADDRESS 606 SUGARWOOD WAY  
CITY-ST-ZIP MELBOURNE FL 32940 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Timothy P. Cason, Sr  
STREET ADDRESS 2218 Sarno Road, Melbourne, FL 329 ☐ Change ☒ Addition

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

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

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

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

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

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: *Timothy P. Cason Sr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy P. Cason, Sr

1/11/01

321-242-3250

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0082547

CR2E034 (10/00)