

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027861

1. Entity Name  
GOLF LAB, INC.

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90019 017 \*\*\*150.00

Principal Place of Business

2045 S.E. 33RD STREET  
OCALA FL 34471

Mailing Address

2045 S.E. 33RD STREET  
OCALA FL 34471

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 59-3524003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AUGUSTINE, SANDRA J  
108 N. MAGNOLIA AVE.  
OCALA FL 34475

7. Name and Address of New Registered Agent

Name

JOHN S. REESE

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

2045 S.E. 33rd Street

City

OCALA

FL

Zip Code

34471

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 John S. Reese JOHN S. REESE

7/10/2000

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS REESE, JOHN S  
CITY-ST-ZIP 2045 S.E. 33RD ST.  
OCALA FL 34471

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

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: John S. Reese JOHN S. REESE

7/10/2000 352-351-3959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Golf Lab, Inc.**  
**2045 S.E. 33rd St.**  
**Ocala, FL 34471**  
**352-351-3959 352-351-4212 fax**  
**www.golflab.com**

7/10/00  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Division of Corporations,

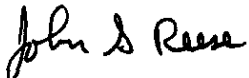
Enclosed is my check for \$150.00 for the annual filing fee for my corporation, Golf Lab, Inc.

I am requesting a waiver of the late fee due to unusual circumstances.

My Registered Agent, Sandra J. Augustine is missing and under criminal investigation. All of her former client's records, including mine, have been impounded. We have been waiting since the first of the year for the records to be released and to be given a recommendation for a replacement attorney.

I have had no choice but to go ahead and make myself the Registered Agent to avoid any further delays or missing of notices.

Thank you for your consideration,



John S. Reese