

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033357

1. Entity Name

RIP'S GOLF & DRIVING RANGE, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90012 004 ***550.00

Principal Place of Business

8154 N TAMiami TRAIL
SARASOTA FL 34243

Mailing Address

8154 N TAMiami TRAIL
SARASOTA FL 34243

2. Principal Place of Business

7741 15th Street East

3. Mailing Address

Suite, Apt. #, etc.

7741 15th St. East

Sarasota, FL

City & State

34243

City & State

Sarasota, FL

Zip

Country

USA

Zip

34243

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0829790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRENCH, C TED
1750 RINGLING BLVD
SARASOTA FL 34236

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

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 HUBBARD, RICHARD JR
CITY-ST-ZIP 8154 N TAMiami TRAIL
SARASOTA FL 34243

TITLE ☐ Delete
NAME D
STREET ADDRESS HUBBARD, RICHARD III
CITY-ST-ZIP 8154 N TAMiami TRAIL
SARASOTA FL 34243

TITLE ☐ Delete
NAME D
STREET ADDRESS HUBBARD, THOMAS
CITY-ST-ZIP 8154 N TAMiami TRAIL
SARASOTA FL 34243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00

Date

(941)351-2666

Daytime Phone #

CR2E034 (5/00)