

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042574

1. Entity Name

GOLF IMPROVEMENT CENTER, INC.

Principal Place of Business

340 NORTH HIGHWAY 1792
LONGWOOD FL 32750

Mailing Address

340 NORTH HIGHWAY 1792
LONGWOOD FL 32750

2. Principal Place of Business

224 Huntridge Way
Suite, Apt. #, etc.

3. Mailing Address

224 Huntridge Way
Suite, Apt. #, etc.

City & State

Winter Springs FL

City & State

Winter Springs FL

Zip

32708

Country

Zip

32708

Country

4. FEI Number

59-3507700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIDTVAAGE, GARD
340 NORTH HIGHWAY 1792
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

Gard Midtvaage

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

224 Huntridge Way

City

Winter Springs

FL

Zip Code

32708

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 \$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 ☐ Delete
NAME D
STREET ADDRESS MIDTVAAGE, GARD
CITY-ST-ZIP 340 NORTH HIGHWAY 1792
LONGWOOD FL 32750

TITLE ☐ Delete
NAME M
STREET ADDRESS MIDTVAAGE, KRISTEN L
CITY-ST-ZIP 340 NORTH HIGHWAY 1792
LONGWOOD FL 32750

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01 407-695-4788



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)