

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000050577**

1. Entity Name

ANTIQUE GOLF COLLECTIBLES INC.**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90114 048 ***158.75

Principal Place of Business

**7142 BENEVA ROAD
SARASOTA FL 34238**

Mailing Address

**7142 BENEVA ROAD
SARASOTA FL 34238**

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 **65-0896424**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 \$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 **D** ☐ Delete
NAME **CUYLER, JACQUELINE**
STREET ADDRESS **888 BLVD. OF THE ARTS**
CITY-ST-ZIP **SARASOTA FL 34236**TITLE **EUGENE LEDWITH** ☐ Change ☒ Addition
NAME **4767 NANGING MOSS LA**
STREET ADDRESS **SARASOTA FL 34238**
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **VAN BECK, HENRY**
STREET ADDRESS **2852 CAPTIVA DRIVE**
CITY-ST-ZIP **SARASOTA FL 34231**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MCLAUGHLIN, WILLIAM**
STREET ADDRESS **1931 PEBBLE BEACH COURT**
CITY-ST-ZIP **VENICE FL 34293**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HANNAN, BOB**
STREET ADDRESS **7330 SAWGRASS POINT DRIVE**
CITY-ST-ZIP **PINELLAS PARK FL 33782**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CUYLER, HAROLD**
STREET ADDRESS **888 BLVD. OF THE ARTS**
CITY-ST-ZIP **SARASOTA FL 34236**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **WHITE, STEFAN**
STREET ADDRESS **MANOR HOUSE HURLEY**
CITY-ST-ZIP **BERKSHIRE ENGLAND SL6 5NB**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: K. Cuyler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ki CUYLER

Date

4/24/01 941-926-3211

Daytime Phone #

CP2E034 (10/00)