

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91229 038 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000050577			
1. Entity Name ANTIQUE GOLF COLLECTIBLES INC.			
Principal Place of Business 7142 BENEVA ROAD SARASOTA FL 34238		Mailing Address 7142 BENEVA ROAD SARASOTA FL 34238	
2. Principal Place of Business Suite, Apt. #, etc. NA		3. Mailing Address Suite, Apt. #, etc. NA	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0896424		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUYLER, JACQUELINE	NAME	George Ledwith
STREET ADDRESS	888 BLVD. OF THE ARTS	STREET ADDRESS	7142 BENEVA RD
CITY-ST-ZIP	SARASOTA FL 34236	CITY-ST-ZIP	SARASOTA FL 34238
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN BECK, HENRY	NAME	
STREET ADDRESS	2852 CAPTIVA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, WILLIAM	NAME	
STREET ADDRESS	1931 PEBBLE BEACH COURT	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNAN, BOB	NAME	
STREET ADDRESS	7330 SAWGRASS POINT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33782	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUYLER, HAROLD	NAME	
STREET ADDRESS	888 BLVD. OF THE ARTS	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, STEFAN	NAME	
STREET ADDRESS	MANOR HOUSE HURLEY	STREET ADDRESS	
CITY-ST-ZIP	BERKSHIRE ENGLAND SL6 5NB	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: Harold Cuyler		Date April 2002 Daytime Phone # 441-926-3211	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/01)