

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90008 034 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000002159**

1. Entity Name

19TH HOLE ENTERPRISES, INC.

Principal Place of Business

25261 S. TAMiami TRAIL
BONITA SPRINGS FL 34134

Mailing Address

25261 S. TAMiami TRAIL
BONITA SPRINGS FL 34134

973817

2. Principal Place of Business

25261 CHAMBER OF
Suite, Apt. #, etc. COMMERCE DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

BONITA SPRINGS FL

City & State

BONITA SPRINGS FL

4. FEI Number 59-3552234

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE.

6. Name and Address of Current Registered Agent

BUCCI, RONALD V

25261 S. TAMiami TRAIL
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

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

25261 CHAMBER OF COMMERCE DR

City

FL

Zip Code
34135

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title of applicant.

(NOTE: Registered Agent signature required when reappointing)

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, 2002 Fee 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	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
P	BUCCI, RONALD V	26841 CLARKSTON DR., #13104	BONITA SPRINGS FL 34135	☐
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☒ Change ☐ Addition
		4701 MALLARD POND DR	AKRON OH 44333	☐
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-10

Date

230670522

Deputy Secretary

CR2003 (4/02)