

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90004 003 \*\*\*150.00

**DOCUMENT # P99000038178**

1. Entity Name  
**GOLF ASSOCIATES, INC.**

Principal Place of Business  
**636 U.S. HIGHWAY ONE, SUITE 188  
NORTH PALM BEACH FL 33408**

Mailing Address  
**636 U.S. HIGHWAY ONE, SUITE 188  
NORTH PALM BEACH FL 33408**



DO NOT WRITE IN THIS SPACE

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 **65-0922808**

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

**MACKAIL, RON T  
3301 OLD WAIKE ROAD  
LAKE WALES FL 33853**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD						
	MACKAIL, RON T	636 U.S. HIGHWAY ONE, SUITE 188	NORTH PALM BEACH FL 33408				
	VPD						
	MILLAR, STEWART	636 U.S. HIGHWAY ONE, SUITE 188	NORTH PALM BEACH FL 33408				
	T						
	MILLAR, STEWART	636 U.S. HIGHWAY ONE, SUITE 188	NORTH PALM BEACH FL 33408				
	S						
	MILLAR, JAMES	636 U.S. HIGHWAY ONE, SUITE 188	NORTH PALM BEACH FL 33408				

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-02

863-676-8558

Date Daytime Phone #

CR2E034 (9/01)