

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90063 041 \*\*\*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**

**90007360**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0922808**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

**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 **Mackail Ron T.**  
Street Address (P.O. Box Number is Not Acceptable) **636 US Highway One Suite 118**  
City **North Palm Beach** FL Zip Code **33408**

**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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MACKAIL, RON T	
STREET ADDRESS	636 U.S. HIGHWAY ONE, SUITE 188	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MILLAR, STEWART	
STREET ADDRESS	636 U.S. HIGHWAY ONE, SUITE 188	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLAR, STEWART	
STREET ADDRESS	636 U.S. HIGHWAY ONE, SUITE 188	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLAR, JAMES	
STREET ADDRESS	636 U.S. HIGHWAY ONE, SUITE 188	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. 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 10 or Block 11 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

**1-6-03**

**561-881-1488**

Date

Daytime Phone #

0302461 AV

CR2E034 (10/02)