

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057421

1. Entity Name

TAMPA GOLF RANGE AND LEARNING CENTER INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90010 006 ***150.00

Principal Place of Business 2508 NO. LAKEVIEW DR. TAMPA FL 33618	Mailing Address 2508 NO. LAKEVIEW DR. TAMPA FL 33618-1111
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 424 WINTER ST Suite, Apt. #, etc.	
City & State		City & State HOLLISTON, MA	
Zip	Country	Zip	Country
01746		01746	MIDDLESEX



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3584545		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COLE, PHILIP A 13509 IRONTON DR. TAMPA FL 33626		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4603 GULFWINDS DRIVE City LUTZ FL Zip Code 33549	
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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 _____ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PHILIP A. COLE 4603 GULFWINDS DRIVE LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KENNETH M. COLE SR 424 WINTER ST HOLLISTON, MA 01746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SANDRA R. COLE 424 WINTER ST HOLLISTON, MA 01746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kenneth M. Cole Sr 1/23/00 617 969 2501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
KENNETH M. COLE SR