

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000058823**

1. Entity Name

C.J.'S GOLF CAFE, INC.

Principal Place of Business

**48 PLANTATION DRIVE
VERO BEACH FL 32966**

Mailing Address

**48 PLANTATION DRIVE
VERO BEACH FL 32966**

2. Principal Place of Business

3414 Cherokee Dr.

Suite, Apt. #, etc.

3. Mailing Address

1225 45th Ct. S.W.

Suite, Apt. #, etc.

City & State

Vero Beach, Fla.

Zip

32960

Country

City & State

Vero Beach, Fla.

Zip

32968

Country

4. FEI Number

65-0931194

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KISTLER, JOHN P JR.
1225 45TH COURT SW
VERO BEACH FL 32968**

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

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CANNON, CHARLES J III	
STREET ADDRESS	1225 45TH COURT SW	
CITY-ST-ZIP	VERO BEACH FL 32968	

TITLE	D	<input type="checkbox"/> Delete
NAME	CANNON, PATRICIA A	
STREET ADDRESS	3414 CHEROKEE DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32960	

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

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-2001

Date

(561) 567-7727

Daytime Phone #

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90173 003 ***150.00

714047



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)