

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065496

1. Entity Name

CLASSIC GOLF FLORIDA, INC.

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90015 020 \*\*\*550.00

Principal Place of Business

2595 ATLANTA HWY.  
 ATHENS GA 30606

Mailing Address

2595 ATLANTA HWY.  
 ATHENS GA 30606

2. Principal Place of Business

2600 Turnbull EST. NR  
 Suite, Apt. #, etc.

3. Mailing Address

2600 Turnbull EST. NR  
 Suite, Apt. #, etc.

City & State

New Smyrna Bch, FL

City & State

New Smyrna Bch, FL

Zip

32168

Country

USA

Zip

32168

Country

USA

4. FEI Number

58-2438896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

James Peckey

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

2600 Turnbull Estates DR

City

New Smyrna Beach FL

Zip Code

32168

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

9-1-00

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 \$300  
 ATTENTION! SEPTEMBER 1, 2000 DEADLINE  
 Make Check Payable to Secretary of State

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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 checked="" type="checkbox"/> Addition
NAME	Secretary
STREET ADDRESS	James Peckey
CITY-ST-ZIP	125 Deerfield Run Bogart, GA 30622-1744
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	Conway C Brown
CITY-ST-ZIP	115 Mansfield Ct Athens, GA 30606
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Benjamin M Frizzell, Jr
CITY-ST-ZIP	1501 Bluff City Hwy. Bristol, TN 37620
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-00

Date

904 423 0203

Tracking Phone #

CR2E034 (5/00)