

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90020 048 ***150.00

DOCUMENT # P99000082924
1. Entity Name
GOLF CONNECTION, INC.

| | |
|--|--|
| Principal Place of Business 1866 UNIVERSITY PARKWAY SARASOTA FL 34243 | Mailing Address 1866 UNIVERSITY PARKWAY SARASOTA FL 34243 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------------|---------------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. <i>SOME</i> | Suite, Apt. #, etc. <i>SAME</i> |
| City & State | City & State |

| | | | |
|-----|-------------------------|-----|--------------|
| Zip | Country <i>SARASOTA</i> | Zip | City & State |
|-----|-------------------------|-----|--------------|

| | |
|--|-------------------------------|
| 4. FEI Number 65-0954393 | Applied For Not Applicable |
| Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

ALDRED, DWIGHT
5776 SHADYBROOK WAY
SARASOTA FL 34243

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

| | | |
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| 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, 2002 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 |
|---|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALDRED, DWIGHT 5776 SHADYBROOK WAY SARASOTA FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ALDRED, ANDREW 4529 W DONHILL DR MEGON WI 53092 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ALDRED, ALLISON 7526 HEARTHSTONE WAY INDIANAPOLIS IN | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ALDRED, MAGGIE 5776 SHADYBROOK WAY SARASOTA FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |

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| <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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| <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE 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, with all other like empowered.

SIGNATURE: *Dwight Aldred* **DWIGHT ALDRED** **1-19-02 (941) 351-4487**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)