

# 2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088987

1. Entity Name

UNITED PRO GOLF, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90196 042 \*\*\*158.75

Principal Place of Business

#46 ESCONDIDO CIRCLE #5  
 ALTAMONTE SPRINGS FL 32701

Mailing Address

#46 ESCONDIDO CIRCLE #5  
 ALTAMONTE SPRINGS FL 32701-4561

2. Principal Place of Business

ALTAMONTE SPRINGS FL  
 Suite, Apt. #, etc.

3. Mailing Address

#46 ESCONDIDO CIR BLK 5  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ALTAMONTE SP FL

City & State

ALTAMONTE SP FL

4. FEI Number

59-363 9409

Applied For

Not Applicable

Zip

3-2701

Country

USA

Zip

3-2701

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LILIEDAHL, LOWELL  
 #46 ESCONDIDO CIRCLE  
 BUILDING 5  
 ALTAMONTE SPRINGS FL 32701

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]*  
 Signature typed or printed name of registered agent and title if applicable.

LOWELL LILIEDAHL

4/27/00  
 DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

X

**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.

☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE: **PRESIDENT**  
 NAME: **LOWELL LILIEDAHL** ☐ Delete  
 STREET ADDRESS: **#46 ESCONDIDO CIR BLDG 5**  
 CITY-ST-ZIP: **ALTAMONTE SPRINGS FL 32701**

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Delete  
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TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (407) 339-2363  
 Date Daytime Phone #

CR2E034 (9/99)