

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000090669**

1. Entity Name

INFINITE GOLF, INC.

Principal Place of Business

**5049 GLENN DRIVE
NEW PORT RICHEY FL 34652**

Mailing Address

**5049 GLENN DRIVE
NEW PORT RICHEY FL 34652-4480**

2. Principal Place of Business

5122 TROUBLE CREEK RD

Suite, Apt. #, etc.

3. Mailing Address

5122 TROUBLE CREEK RD

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

Zip

34652

Country

City & State

NEW PORT RICHEY FL

Zip

34652

Country

4. FEI Number

59-3605220

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FEIST, LAWRENCE J
5049 GLENN DRIVE
NEW PORT RICHEY FL 34652**

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, 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|----------------------|--------------------------|---------------------------------|
| PD | FEIST, LAWRENCE J | 5049 GLENN DRIVE | NEW PORT RICHEY FL 34652 | <input type="checkbox"/> |
| VD | FERGUSON, JEFFREY B | 28326 OPENFIELD LOOP | WESLEY CHAPEL FL 33543 | <input type="checkbox"/> |
| ST | MOORE, TIMOTHY W | 5049 GLENN DRIVE | NEW PORT RICHEY FL 34652 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 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

Date

Daytime Phone #

01/31/2000 727-842-272**FILED**
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90085 044 ***150.00

913907

DO NOT WRITE IN THIS SPACE