

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090669

1. Entity Name

INFINITE GOLF, INC.

Principal Place of Business

5122 TROUBLE CREEK RD
NEW PORT RICHEY FL 34652

Mailing Address

5122 TROUBLE CREEK RD
NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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
FEIST, LAWRENCE J.
Street Address (P.O. Box Number is Not Acceptable)
5122 TROUBLE CREEK ROAD
City
NEW PORT RICHEY FL Zip Code
34652

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 *Lawrence J. Feist*
Signature typed or printed name of registered agent and title if applicable.

LAWRENCE J. FEIST **PRESIDENT**

01/03/2001
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 PD ☐ Delete
NAME FEIST, LAWRENCE J
STREET ADDRESS 5049 GLENN DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE VD ☐ Delete
NAME FERGUSON, JEFFREY B
STREET ADDRESS 28326 OPENFIELD LOOP
CITY-ST-ZIP WESLEY CHAPEL FL 33543

TITLE ST ☒ Delete
NAME MOORE, TIMOTHY W
STREET ADDRESS 5049 GLENN DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Lawrence J. Feist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAWRENCE J. FEIST
PRESIDENT

01/03/2001
Date

727-842-2728
Daytime Phone #

EXT 9



DO NOT WRITE IN THIS SPACE

0422412

CR2E034 (10/00)