

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90099 037 ***150.00

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DOCUMENT # P99000098330

1. Entity Name

THE CADDIE OPEN COMPANY



Principal Place of Business

**4828 KLOSTERMAN OAKS BOULEVARD
PALM HARBOR FL 34683
US**

Mailing Address

**4828 KLOSTERMAN OAKS BOULEVARD
PALM HARBOR FL 34683
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3608131**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **BERNIER, ARTHUR M**
STREET ADDRESS **4828 KLOSTERMAN OAKS BOULEVARD**
CITY-ST-ZIP **PALM HARBOR FL 34683**

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

TITLE **V** ☐ Delete
NAME **BERNIER, HOWARD A**
STREET ADDRESS **4828 KLOSTERMAN OAKS BOULEVARD**
CITY-ST-ZIP **PALM HARBOR FL 34683**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
BERNIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 18, 2003
727 937-0564
Date Daytime Phone #

CR2E034 (4/03)

Attachment #

999000098330

80140863

VIA COURIER

August 19, 2003

Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: UNIFORM BUSINESS REPORT – THE CADDIE OPEN COMPANY
EIN # - 59-3608131

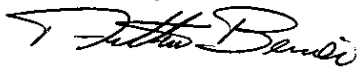
Dear Sir/Madame:

Enclosed is check in the amount of US\$150.00 for payment of the Uniform Business Report filing fee for The Caddie Open Company.

I did not receive a pre-printed prescribed form and only received a second notice. When I spoke with a person at the Department of State's Division of Corporations, I was informed to submit a check for US\$150.00 and a copy of the UBR form to your office.

I can be contacted at 727-937-0564 if you require a further explanation. Thank you for your attention to this matter.

Sincerely,



Arthur M Bernier
President