

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90021 042 ***150.00

DOCUMENT # P99000101903
 1. Entity Name
TEE TIMES PLUS, INC.

Principal Place of Business 12057 DUXELLES COURT ORLANDO FL 32837	Mailing Address PO BOX 772542 ORLANDO FL 32877-2542 US
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DO NOT WRITE IN THIS SPACE

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 59-3611225	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POOLE, GARY
12057 DUXELLES COURT
ORLANDO FL 32837

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 _____ (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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POOLIZ, KENNETH P 12057 DUXELLES CT. ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Kenneth Poole (same)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, MELISSA 12057 DUXELLES CT. ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Melissa Morris (same)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POOLE, GARY 12057 DUXELLES COURT ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Gary Poole (same)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Darin Nattier 2615 Naitland Crossing Way #9306 Orlando, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Darin Nattier / Darin Nattier Date: 4/2/01 Daytime Phone #: 407-854-5196

CR2E034 (10/00)