

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90036 040 \*\*\*158.75

**DOCUMENT # P99000103818**

1. Entity Name  
**J & K GOLF, INC.**

Principal Place of Business  
**29850 US 19 NORTH**  
**SUITE 217**  
**CLEARWATER FL 33761**

Mailing Address  
**29850 US 19 NORTH**  
**SUITE 217**  
**CLEARWATER FL 33761**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4020 17th Street East**  
**Palmetto, FL 34221**

3. Mailing Address  
**4020 17th Street East**  
**Palmetto, FL 34221**

4. FEI Number **59-3618011**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional**  
 Fee Required

6. Name and Address of Current Registered Agent

**SNIDER, CHRIS A**  
**29850 US 19 NORTH**  
**SUITE 217**  
**CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name: **Chris Snider**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4020 17th Street East**  
**Palmetto, FL 34221**  
 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

*Chris Snider* **Chris Snider**

**March 14, 2001**

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

(NOTE: Registered Agent signature required when renewing)

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SNIDER, CHRIS A</b>	
STREET ADDRESS	<b>29850 US 19 NORTH, #217</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Chris Snider</b>	
STREET ADDRESS	<b>4020 17th Street East</b>	
CITY-ST-ZIP	<b>Palmetto, FL 34221</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE:

*Chris Snider* **(Chris Snider)**

**March 14, 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF GOVERNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)