

## 2001 UNIFORM BUSINESS REPORT (UBR)

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

## 2. Principal Place of Business

4020 7th Street East  
Palmetto, FL 34221

City &amp; State

## 3. Mailing Address

4020 7th Street East  
Palmetto, FL 34221

City &amp; State

Zip

Country

Zip

Country

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

Name

Chris Snider

Street Address (P.O. Box Number is Not Acceptable)

4020 7th Street East  
Palmetto, FL 34221

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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 renewing)

March 14, 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 State10. 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

CR2E34 (10/00)

TITLE D  
NAME SNIDER, CHRIS A  
STREET ADDRESS 29850 US 19 NORTH, #217  
CITY-ST-ZIP CLEARWATER FL 33761 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPChris Snider  
4020 7th Street East  
Palmetto, FL 34221 Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  Addition

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:

Signature and typed or printed name of officer or director

March 14, 2001

Daytime Phone #