

FILED
Jul 12, 2001 8:00 am
Secretary of State

06-08-2001 90162 029 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **999000109025**

1. Entity Name **JERRY MAC GOLF, INC**
3948 TROPHY
NEW PORT RICHEY, FL. 34655

Principal Place of Business **3948 TROPHY**
NEW PORT RICHEY, FL.
34655

Mailing Address

2. Principal Place of Business

Suite, Apt. # etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3596873**

Applied For Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

GEORGE KOVAC
3948 TROPHY
NEW PORT RICHEY, FL
34655

7. Name and Address of New Registered Agent

Name: **GEORGE KOVAC**

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

3948 TROPHY

City **NEW PORT RICHEY** FL Zip Code **34655**

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 **GEORGE KOVAC** *George Kovac* **JUNE 1, 2001**

(Signature, typed or printed name of registered agent and title if applicable.) (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!
After MAY 1, 2001
Fee IS \$150.00
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	PRESIDENT / SEC	<input type="checkbox"/> Delete
NAME	GERALD J. McMANAMON	
STREET ADDRESS	3948 TROPHY	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	VICE PRES. / TRBAS.	<input type="checkbox"/> Delete
NAME	SEAN McMANAMON	
STREET ADDRESS	16 HARBOR WALK DRIVE	
CITY-ST-ZIP	CLW, FL- 34695	
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		<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		
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 of the corporation or the officer or trustee empowered to execute this report is 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: *Gerald J. McManamon* **GERALD J. McMANAMON** **6/1/01** **727-376-7815**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)