

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90061 030 ***150.00

DOCUMENT # S26942

1. Entity Name

SUMMITGOLF, INC.

Principal Place of Business

3000 SPANISH TRAIL BLVD
 PENSACOLA FL 32503
 US

Mailing Address

3298 SUMMIT BLVD
 SUITE 33-B
 PENSACOLA FL 32503
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 12905

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pensacola, FL

Zip

Country

Zip

Country

32576

USA

4. FEI Number

59-3045518

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

CARR, JOHN B.

3298 SUMMIT BLVD

SUITE 33B

PENSACOLA FL 32503

Name

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

3 West Garden St.

Suite 407

City

Pensacola

FL

Zip Code

32501

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 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, 2002 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 PD
 NAME CARR, JOHN B.
 STREET ADDRESS 3298 SUMMIT BLVD., SUITE 33-B
 CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 3 West Garden St, Suite 407
 CITY-ST-ZIP Pensacola, FL 32501

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

850-469-0777

Daytime Phone #

CR2E034 (9/01)