

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S77595**

1. Entity Name

MEDALIST GOLF COMPANY

Principal Place of Business

**501 N A1A
JUPITER FL 33477
US**

Mailing Address

**501 N A1A
JUPITER FL 33477
US**

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

65-0286741

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

**ERICKSON, PAUL B.
501 N A1A
JUPITER FL 33477**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PT NORMAN, GREG 382 S BEACH RD HOBE SOUND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXVP ERICKSON, PAUL B. 501 N A1A L JUPITER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORMAN, LAURA T. 382 S BEACH RD HOBE SOUND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BARCLAY, DON 630 5TH AVE 38 FL NY NY	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WOLF, KAREN 501 N A1A JUPITER FL 33477	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DAVIS, WINIFRED 501 N A1A JUPITER FL	☐ Delete

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

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*****1126.25 ***150.00**

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/2002

FILED

02 MAR 27 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)