2002 Uniform Business Report (UBR)

Apr 08, 2002 8:00 am Secretary of State V73496 DOCUMENT # 1. Entity Name A.T.B. GOLF, INC. 04-08-2002 90072 048 ***150.00 Mailing Address Principal Place of Business ATB GOLF INC ATB GOLF INC 1966 US-1 SOUTH 1966 US-1 SOUTH ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3147930 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O'NELL, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 41 CORDOVA ST. ST. AUGUSTINE FL 32086 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or existered. tered agent, or both, in the State of Florida. SIGNATURE DATE when reinstating) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Change TITLE **15** ☐ Delete TITLE ONELL, MICHAEL NAME NAME 5336 SHORE DR STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32086 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change VΡ ☐ Delete TITLE TITLE NAME O'NELL, THOMAS C NAME 5336 SHORE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE FL 32086 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME ONELL. RUTH J NAME STREET ADDRESS 5336 SHORE DR STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE FL 32086 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE XF1 88,023 53 NAME NAME BEIT BURGE STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGN

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FILED

CR2E034 (9/01)