

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90031 003 ****61.25

DOCUMENT # 750126

1. Entity Name

MEN'S GOLF ASSOCIATION OF PALM AIRE, INC.

Principal Place of Business

Mailing Address

C/O MARK WARSHAW
4114 PALM AIRE DR. W., APT 144A
POMPANO BEACH, FL 33069
US

C/O MARK WARSHAW
4114 PALM AIRE DR. W., APT 144A
POMPANO BEACH, FL 33069
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

59-2129792

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

GORA, MICHAEL H.
3045 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33306

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOLD, JACK	
STREET ADDRESS	3001 S COURSE DR	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FORREST, MARTIN	
STREET ADDRESS	2681 S. COURSE DR.	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FORREST, MARTIN	
STREET ADDRESS	2681 S. COURSE DR.	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	Asst. TD	<input type="checkbox"/> Delete
NAME	SINGER, CHARLES H.	
STREET ADDRESS	535 OAKS DRIVE 302	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK WARSHAW	
STREET ADDRESS	4114 PALM AIRE DR. W., APT 144A	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN GREENBERG	
STREET ADDRESS	2681 S. COURSE DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Warshaw
MARK WARSHAW

3/6/00

954-974-8081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)