2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750126

1. Entity Name

MEN'S GOLF ASSOCIATION OF PALM AIRE, INC.

								
incipal Plac	ce of Business .	Mailing Address						
C/O MARK WARSHAW 114 PALM AIRE DR. W., APT 144A OMPANO BEACH, FL 33069 S. Principal Place of Business Suite, Apt. #, etc.		C/O MARK WARSHAW 4114 PALM AIRE DR. W., APT 144A POMPANO BEACH, FL 33069 US 3. Mailing Address				U # U U	. ~	
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		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
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City & State		City & State		EQ 0400700		Applied For Not Applicable		
Zip	Country	Zip Country		ntry	5. Certificate of Status Desired			
	6. Name and Address of Current	Registered Agent	٠		7. Name and Ad	dress of New Registered	<u>_</u>	
-	o. Harrie dila rida do or outron			Name		•		
					roop (D.O. Boy Number is	Not Acceptable)		
	ICHAEL H.			Street Address (P.O. Box Number is Not Acceptable)				
	rth Federal Highway		Ţ					
FT. LAUDERDALE FL 33306			ŀ	City			Zip Co	nde
			}	City		FL	- ,500	00
	Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 Signature, typed or printed name of registered agent and title if applicable 9. Election Cam Trust Fund Co					00 May Be Make Check Payable to Department of State		
	•	Trust Fund Contri	0	~ _ 4	\$5.00 May Be Added to Fees			
<u>. </u>		Trust Fund Contr	ibution.	~ _ 4	Added to Fees	Departmen	t of State	<u> </u>
	OFFICERS AND D	Trust Fund Contr	ibution.	T	Added to Fees		t of State	IN 10
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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.

CITY-ST-ZIP

TITLE NAME

TITLE NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

POMPANO BEACH FL

MARK WARSHAW

Delete

☐ Delete

FILED

Mar 10, 2000 8:00 am Secretary of State

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

☐ Change

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