

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90079 047 ***150.00

DOCUMENT # F01000006333

1. Entity Name
GOLFANDHOME, INC.



Principal Place of Business
**93 CHERRY STREET
NEW CANAAN CT 06840**

Mailing Address
**93 CHERRY STREET
NEW CANAAN CT 06840**

2. Principal Place of Business

43 DANBURY ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

WILTON CT

City & State

Zip

06897

Country

Zip

Country

4. FEI Number **06-1577752**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, KEVIN
1260 S.W. MAPLEWOOD DRIVE
PORT ST LUCIE FL 34986**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	O'ROURKE, BRYAN	
STREET ADDRESS	123 MAIN ST	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MCCANN, MARK L	
STREET ADDRESS	123 MAIN ST	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	SD	<input type="checkbox"/> Delete
NAME	O'ROURKE, BRENDAN J	
STREET ADDRESS	27 PINE STREET	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHWARTZ, KEVIN L	
STREET ADDRESS	1260 SW MAPLEWOOD DR.	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	43 DANBURY ROAD	
CITY-ST-ZIP	WILTON, CT 06897	
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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/03

CR2E034 (10/02)