

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000004152**

1. Entity Name
REACT GOLF, LLC

FILED

01 MAY -8 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**99 CHERRY HILL ROAD, SUITE 305
PARSIPPANY NJ 07054**

Mailing Address
**99 CHERRY HILL ROAD, SUITE 305
PARSIPPANY NJ 07054**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1420 Route 206 N.

3. Mailing Address
1420 Route 206 N

Suite, Apt. #, etc.
Suite 120

Suite, Apt. #, etc.
Suite 120

City & State
Bedminster NJ

City & State
Bedminster NJ

Zip
07921

Country
USA

Zip
07921

Country
USA

4. FEI Number
22-3721148

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
Christopher Schiafone
STREET ADDRESS
1420 Route 206 N
CITY-ST-ZIP
**Suite 120
Bedminster NJ 07921**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
Matthew Galvin
STREET ADDRESS
1420 Route 206 N
CITY-ST-ZIP
**Suite 120
Bedminster NJ 07921**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
**300004367713--4
-06/06/01--01068--005
*****55.00 *****55.00**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **JOSE GONZALEZ** **5/21/07** **732 521-0070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #