

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 04, 2000 8:00 a**  
**Secretary of State**

02-04-2000 90044 049 \*\*\*150.00

**DOCUMENT # P97000098350**  
 1. Entity Name  
**R.B. GOLF SALES, INC.**

Principal Place of Business      Mailing Address  
**10737 SE SEA SPRAY CT.**      **10737 SE SEA SPRAY CT.**  
**HOBE SOUND FL 33455**      **HOBE SOUND FL 33455-3271**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0807921**

5. Certificate of Status Desired  **\$8.75** Added to Fee Required

6. Name and Address of Current Registered Agent

**BRISKY, KIMBERLY**  
**10737 SE SEA SPRAY CT.**  
**HOBE SOUND FL 33455**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

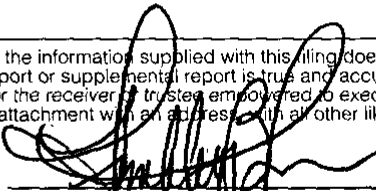
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** Added to

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BRISKY, RICHARD</b> <b>10737 SE SEA SPRAY CT.</b> <b>HOBE SOUND FL 33455</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRISKY, KIMBERLY</b> <b>10737 SE SEA SPRAY CT.</b> <b>HOBE SOUND FL 33455</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
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13. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Kimberly Brisky, Pres.** 1-21-00 561-545-3667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #