

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019371

1. Entity Name  
**ANTARES GOLF RESORT, INC.**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90083 001 \*1,200.00

Principal Place of Business

~~1631 W MORSE BLVD  
SUITE 105  
WINTER PARK FL 32789-3744  
US~~

Mailing Address

~~PO DRAWER 2366  
WINTER PARK FL 32790~~

**66301**

2. Principal Place of Business

**12830 SHADY HILLS**  
Suite, Apt. #, etc.

3. Mailing Address

**12830 SHADY HILLS**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**SPRING HILL FL**

City & State  
**SPRING HILL FL**

4. FEI Number **59-3183786**

Applied For  
Not Applicable

Zip **34610** Country **U.S.A**

Zip **34610** Country **U.S.A**

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

**MEHRDAD, DARVISH**  
**12830 SHADY HILLS RD**  
~~**SUITE 105**~~  
**SPRING HILL FL 34610**

Name **MEHRDAD DARVISH**  
Street Address (P.O. Box Number is Not Acceptable)  
**12830 SHADY HILLS RD**  
City **SPRING HILL** FL Zip Code **34610**

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 *Mehrdad Darvish*

**3-21-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete  
NAME **MEHRDAD, DARVISH**  
STREET ADDRESS **12830 SHADY HILLS RD**  
CITY-ST-ZIP **SPRING HILL FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mehrdad Darvish*

**3-21-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)