

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 235325

1. Entity Name

SHERWOOD PARK GOLF INC

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90008 029 ***150.00

Principal Place of Business

Mailing Address

170 SHERWOOD FOREST DRIVE
 DELRAY BEACH FL 33445
 US

96 NE 4TH AVE
 DELRAY BEACH FLA 33483-4529

00020016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0911591

Applied For

Not Applicable

Zip

Country

Zip

Country -

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

CANARY, NANCY
 200 N OCEAN BLVD
 APT 3-N
 DELRAY BEACH FL 33483

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

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, 2000 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 DP ☐ Delete
 NAME CANARY, NANCY
 STREET ADDRESS 200 N OCEAN BLVD., 3-N
 CITY-ST-ZIP DELRAY BEACH FL

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

TITLE DV ☐ Delete
 NAME MARCH, JACK
 STREET ADDRESS 96 NE 4TH AVE
 CITY-ST-ZIP DELRAY BCH, FL 00000

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

TITLE VD ☐ Delete
 NAME HERMAN, KURT F
 STREET ADDRESS 25 THOMAS DRIVE
 CITY-ST-ZIP CHELMSFORD MA

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

TITLE STD ☐ Delete
 NAME LEONE, RICHARD D
 STREET ADDRESS 1246 FAUN RD, GRAYLYN CREST
 CITY-ST-ZIP WILMINGTON DE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy H. Canary, Pres.
 NANCY H. CANARY, PRES.

2/17/00 561/833-5900
 Date Daytime Phone #

CR2E034 (9/99)