

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 394452

1. Entity Name

ADVENTURES IN GOLF, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90030 010 ***150.00

Principal Place of Business

Mailing Address

695 SW BROAD ST
SOUTHERN PINE NC 28387

695 SW BROAD ST
SOUTHERN PINE NC 28387-5925
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1381124

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

SPONDER, STEVE
1491 GULFVIEW EAST
PEMBROKE PINES FL 33026

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	PD	<input type="checkbox"/> Delete
NAME	SMITH, DOUGLAS C	
STREET ADDRESS	695 SW BROAD ST	
CITY-ST-ZIP	S. PINES NC	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, FRANCES M	
STREET ADDRESS	695 SW BROAD ST	
CITY-ST-ZIP	S. PINES NC	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CROWEL, GLENNA B	
STREET ADDRESS	85 HARLOW ROAD	
CITY-ST-ZIP	PINCHURST NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENOIT, JOHN	
STREET ADDRESS	325 S. WEYMOUTH RD	
CITY-ST-ZIP	SOUTHERN PINES NC	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOWELL, WILLIAM C	
STREET ADDRESS	287 FULCHERS LANDING RD	
CITY-ST-ZIP	SNEADS PERRY NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROWEL, TERRY	
STREET ADDRESS	85 HARLOW RD.	
CITY-ST-ZIP	PINEHURST NC	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Easter, Patricia A.	
STREET ADDRESS	917 Knollwood Village	
CITY-ST-ZIP	Southern Pines, NC	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grady, Patricia	
STREET ADDRESS	8 Wildwood Lane	
CITY-ST-ZIP	Foxfire Village, NC	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Libbey, Martha	
STREET ADDRESS	158 Sullivan Drive	
CITY-ST-ZIP	Carthage, NC	
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		

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:

Patricia Easter SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 910 692 3741
Date Daytime Phone #

CR2E034 (9/99)