

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 461035

1. Entity Name

GOLF HOST SECURITIES, INC.

Principal Place of Business

36750 U.S. HWY. 19 N.
PALM HARBOR FL 34684

Mailing Address

PO BOX 1088
TARPON SPRINGS FL 34688
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1566781

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

(NO Registered Agent's 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 '01

TITLE P
NAME BENGIVENGO, DOMINIC
STREET ADDRESS 36750 US HWY 19 NORTH
CITY-ST-ZIP PALM HARBOR FL ☐ Delete

TITLE VPS
NAME ROBERT P. GEIMER
STREET ADDRESS 320 INTERSTATE N. PARKWAY-SUITE 220
CITY-ST-ZIP ATLANTA, GA 30339 ☐ Change ☒ Addition

TITLE DC
NAME STERNLICHT, BARRY S
STREET ADDRESS 591 WEST PUTNAM AVE
CITY-ST-ZIP GREENWICH CT 06830 ☒ Delete

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

TITLE DCEO
NAME KLEEMAN, MERRICK R
STREET ADDRESS 591 WEST PUTNAM AVE
CITY-ST-ZIP GREENWICH CT 06830 ☐ Delete

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

TITLE DS
NAME GROSE, MADISON F
STREET ADDRESS 591 WEST PUTNAM AVE
CITY-ST-ZIP GREENWICH CT 06830 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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
Dominic Bengivengo

President

5/31/01

727-942-5210

Date

Daytime Phone #

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90003 041 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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