

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90009 045 ***150.00

DOCUMENT # **461035**

1. Entity Name

Golf Host Securities, Inc



DO NOT WRITE IN THIS SPACE

80093395

2. Principal Place of Business

36750 US Highway North

3. Mailing Address

PO Box 1088

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor, FL

City & State

Tarpon Springs, FL

4. FEI Number

591566781

Applied For
Not Applicable

Zip

34684

Country

USA

Zip

34688

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

City

Plantation

FL

Zip Code

33342

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Director, Chief Executive Officer & Treasurer Merrick Kleeman 591 West Putnam Ave. Greenwich CT 06830 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | President Dominic Bengivengo 36750 US Highway North Palm Harbor FL 34684 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Vice President & Secretary Robert Grimer 320 Interstate North Parkway, Suite 220 Atlanta GA 30339 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Kleeman - Director 4/24/02

Date

Daytime Phone #

203-422-7777

CR2E034B (12/01)