

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 663778

1. Entity Name

THE SEVENTEENTH GREEN, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90143 002 \*\*\*150.00

Principal Place of Business

200 SO. BISCAYNE BLVD  
4750  
MIAMI FL 33131  
US

Mailing Address

200 SO. BISCAYNE BLVD  
4750  
MIAMI FL 33131-2303  
US

2. Principal Place of Business

100 Southeast 2nd Street

3. Mailing Address

100 Southeast 2nd Street

Suite, Apt. #, etc.

37th Floor

Suite, Apt. #, etc.

37th Floor

City & State  
Miami, FL 33131

City & State  
Miami, FL 33131

Zip

Country

Zip

Country

4. FEI Number

59-1968616

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

FROST, IRWIN M

~~200 SO. BISCAYNE BLVD~~  
SUITE 4750  
MIAMI FL 33131

Name

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

100 Southeast 2nd Street

37th Floor

City  
Miami

FL

Zip Code  
33131

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
WALSEY, CHARLES  
2501 S. OCEAN DR.  
HOLLYWOOD FL

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RICHMAN, EDWARD  
2501 S. OCEAN DR.  
HOLLYWOOD FL

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

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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

Day

Daytime Phone #

CR2EX14 19/99