

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Z00656

1. Entity Name

NICKLAUS GOLF EQUIPMENT COMPANY, L.C.

Principal Place of Business

7830 BYRON DR.

STE. #7

WEST PALM BEACH FL 33404

US

Mailing Address

7830 BYRON DR.

STE. #7

WEST PALM BEACH FL 33404-3332

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

65-0356669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FHS CORPORATE SERVICES, INC.

11780 U.S. HIGHWAY ONE

SUITE 300

NORTH PALM BEACH FL 33408

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DOUBLEDAY, NELSON
STREET ADDRESS 84 GOMEZ DR.
CITY-ST-ZIP HOBE SOUND FL

TITLE ☐ Change ☐ Addition
NAME 300003258553--8
STREET ADDRESS -05/19/00--01009--025
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME CUMMINS, RICHARD
STREET ADDRESS 1301 AVE. OF THE AMERICA
CITY-ST-ZIP NEW YORK NY

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

TITLE MGR ☐ Delete
NAME KELLY, ROBERT
STREET ADDRESS 245 ESSEX LANE
CITY-ST-ZIP W. PALM BEACH FL

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

TITLE MGR ☐ Delete
NAME FENTON, IRA
STREET ADDRESS 11780 US HWY ONE
CITY-ST-ZIP N. PALM BEACH FL

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

TITLE MGR ☐ Delete
NAME NICKLAUS, JACK W
STREET ADDRESS 11780 US HWY ONE, #400
CITY-ST-ZIP N. PALM BEACH FL

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

TITLE MGR ☐ Delete
NAME NICKLAUS, JACK W II
STREET ADDRESS 11780 US HWY ONE, #400
CITY-ST-ZIP N. PALM BEACH FL

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)