

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000006520**1. Entity Name
FOREVER GOLF, INC.

| | |
|---|---|
| Principal Place of Business 800 WEST CYPRESS CREEK RD, STE 240 FT LAUDERDALE FL 33309 | Mailing Address 800 WEST CYPRESS CREEK RD, STE 240 FT LAUDERDALE FL 33309 |
|---|---|

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
31-1710176

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentC T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324 US

FL

7. Name and Address of New Registered Agent

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 _____ **02/12/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

| | | |
|----------------|--------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HOFFMAN PAUL | |
| STREET ADDRESS | 5552 CROMWELL CT. | |
| CITY-ST-ZIP | WEST BLOOMFIELD MI | |

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KOROTKI HARRY | |
| STREET ADDRESS | 100 PAINTERS MILL RD, STE 800 | |
| CITY-ST-ZIP | OWINGS MILLS MD | |

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | SPINNER LEWIS H | |
| STREET ADDRESS | 800 WEST CYPRESS CREEK RD, STE 240 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | PTCD | <input type="checkbox"/> Delete |
| NAME | HEYMAN MARC | |
| STREET ADDRESS | 100 PAINTERS MILL RD, STE 800 | |
| CITY-ST-ZIP | OWINGS MILLS MD | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOROTKI HARRY | |
| STREET ADDRESS | 100 PAINTERS MILL RD, STE 800 | |
| CITY-ST-ZIP | OWINGS MILLS MD 21117 | |

| | | |
|----------------|------------------------------------|--|
| TITLE | VSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPINNER LEWIS H | |
| STREET ADDRESS | 800 WEST CYPRESS CREEK RD, STE 240 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33309 | |

| | | |
|----------------|-------------------------------|--|
| TITLE | PTCD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEYMAN MARC | |
| STREET ADDRESS | 100 PAINTERS MILL RD, STE 800 | |
| CITY-ST-ZIP | OWINGS MILLS MD 21117 | |

| | | |
|----------------|--|---|
| 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 | | |

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: Marc Heyman

Pres

02/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)