

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005429

1. Entity Name

ADVENTURE GOLF & GAMES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90145 001 ***300.00

Principal Place of Business

4825 BLANDING BLVD
JACKSONVILLE FL 32210

Mailing Address

~~4315 BEACH BLVD~~
STE 201
JACKSONVILLE FL 32250-4033
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

333 1st Street N.
JACKSONVILLE Bch. FL

32250
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3856515

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

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

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

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p><input type="checkbox"/> Delete</p> <p>C LEVINSON, RANDOLPH 2315 BEACH BLVD, STE 102 JACKSONVILLE Bch FL</p>	<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>CFO Marc Carlson</p>
<p><input type="checkbox"/> Delete</p> <p>VPD LINVELLE, R 305 W 4TH ST, STE 2D WINSTON SA</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p> <p>V WOODBURN, HENRY D. 2315 BEACH BLVD, STE 102 JACKSONVILLE Bch FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p> <p>S MAGGARD, J. OLIVER 505 PARK AVE- STE 1700 NEW YORK NY</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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

Date

Daytime Phone #

CR2E034 (9/99)