

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
 05-23-2001 90465 029 ***150.00

DOCUMENT # F95000005429

1. Entity Name

ADVENTURE GOLF & GAMES, INC.

Principal Place of Business

Mailing Address

4825 BLANDING BLVD
 JACKSONVILLE FL 32210
 US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32250

USA

4. FEI Number

13-3856515

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
 NAME LEVINSON, RANDOLPH
 STREET ADDRESS ~~2315 BEACH BLVD, STE 102~~ 333 1st Street N.
 CITY-ST-ZIP JACKSONVILLE BCH FL Ste 105

TITLE CFO
 NAME Marc Carlson
 STREET ADDRESS 333 1st Street N.
 CITY-ST-ZIP #105

TITLE VPD
 NAME LINVILLE, R
 STREET ADDRESS 305 W 4TH ST, STE 2D
 CITY-ST-ZIP WINSTON SA

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V
 NAME WOODBURN, HENRY D.
 STREET ADDRESS 2315 BEACH BLVD, STE 102
 CITY-ST-ZIP JACKSONVILLE BCH FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S
 NAME MAGGARD, J. OLIVER
 STREET ADDRESS 505 PARK AVE- STE 1700
 CITY-ST-ZIP NEW YORK NY

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE
 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, changed, or on an attachment with an address, with all other like information.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/01 (904) 642-3386