

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006630

1. Entity Name

LUXOR GOLF, INC.

Principal Place of Business

11428 WILLOW STOWE LN
WINDERMERE FL 34786

Mailing Address

11428 WILLOW STOWE LN
WINDERMERE FL 34786-6007

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

TITLE	DCP	<input type="checkbox"/> Delete
NAME	DE DOMINICIS, JOHN	
STREET ADDRESS	11428 WILLOW STOWE LN	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DE DOMINICIS, MICHAEL F	
STREET ADDRESS	5428 PIPE CREEK DR	
CITY-ST-ZIP	ORLANDA FL 32811	
TITLE	DCV	<input type="checkbox"/> Delete
NAME	O'BRIEN, J ANDREW	
STREET ADDRESS	8599 SUMMERVILLE PL	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELUCA, JOSEPH R	
STREET ADDRESS	26 GREEN FOREST DR	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DELUCA, JOSEPH R	
STREET ADDRESS	455 SEA DOCK DR	
CITY-ST-ZIP	DAYTONA BCH FL 32119	
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		<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		
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		

TOBY E. ZIEGLER ☒ Change ☒ Addition
6209 DARTMOUTH CT
ORLANDO, FL 32819

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

Date

Daytime Phone #

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90232 029 ***150.00

LUU23072



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3421361**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR20034 10/00