

2002 UNIFORM BUSINESS REPORT (UBR)

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0598728 AT

DOCUMENT # F98000000631

1. Entity Name
INTERNATIONAL GOLF MAINTENANCE, INC.

FILED

02 MAR -4 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~331 SOUTH FLORIDA AVE., STE 41~~
~~LAKELAND FL 33801~~
~~US~~

~~331 SOUTH FLORIDA AVE., STE 41~~
~~LAKELAND FL 33801~~
~~US~~

2. Principal Place of Business

3. Mailing Address

8390 ChampionsGate Blvd

8390 ChampionsGate Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

ChampionsGate FL

ChampionsGate FL

Zip

Country

Zip

Country

33896

US

33896

US

4. FEI Number

59-3489578

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PCD ROSENSTEIN, ARNOLD 345 N MAPLE DRIVE BEVERLY HILLS CA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KOENIGSBERGER, RICK 1301 AVENUE OF THE AMERICAS, 38TH FL NEW YORK NY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JACKSON, RON 331 S FLORIDA AVE STE 41 LAKELAND FL 33801	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Chairman, Arnold Rosenstein 335 N. Maple Drive, Suite 366 Beverly Hills, CA 90210	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rick Koenigsberger 1301 Ave of the Americas, 38th Flr. New York, NY 10019	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO and President Ron E. Jackson 8390 ChampionsGate Blvd, Suite 200 ChampionsGate, FL 33896	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO and Secretary Calvin C. Sellers III 8390 ChampionsGate Blvd, Suite 200 ChampionsGate, FL 33896	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Calvin C. Sellers III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/01

Date

(407) 589-7200

Daytime Phone #

CR2E034 (9/01)



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ACCOUNT NO. : 072100000032

REFERENCE : 422731 7205268

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 150.00

ORDER DATE : March 1, 2002

ORDER TIME : 11:18 AM

ORDER NO. : 422731-020

CUSTOMER NO: 7205268

CUSTOMER: Ms. Sarah Lindberg
Meadowbrook Group, Inc.
8390 Championsgate Blvd.
Suite 200
Championsgate, FL 33896

RECEIVED
02 MAR -4 PM 12:09
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
TALLAHASSEE, FL 32310

ANNUAL REPORT FILING

NAME: INTERNATIONAL GOLF
MAINTENANCE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS: _____