

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001840

1. Entity Name
LUCKYGOLFER.COM, INC.

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90007 022 ***558.75

Principal Place of Business
2255 GLADES ROAD, STE 324 ATRIUM
BOCA RATON FL 33431
250 S. Australian Ave. #1003
W. Palm Beach, FL 33401

Mailing Address
2255 GLADES ROAD, STE 324 ATRIUM
BOCA RATON FL 33431

Same



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
250 S. AUSTRALIAN AVE
Suite, Apt. #, etc.
Suite 1003

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
W. Palm Beach

City & State

4. FEI Number 65-0895407

Applied For
Not Applicable

Zip
33401

Country
Palm Beach

Zip

Country

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address
City
FL

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

Rick Perrone
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
CEO RICK PERRONE 7/25/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD BRODY, MARTIN D 2255 GLADES ROAD BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STADNIK, GEORGE O 2255 GLADES ROAD BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO-Director Rick Perrone 3100 S. Ocean Blvd. #504N Palm Beach FL 33480	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Secretary, Dir. 250 S. Australian Ave # 1003 Adam Schlesinger W. Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 registered agent 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:

Rick Perrone
Signature typed or printed name of signing officer or director
CEO RICK PERRONE 7/25/01 (561) 835-4003

Date

Daytime Phone #

0098629

CR2E034 (10/00)