

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003197

1. Entity Name

PRESTWICK GOLF, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90038 013 \*\*\*150.00

Principal Place of Business

155 COURT STREET  
SYRACUSE NY 13208

Mailing Address

155 COURT STREET  
SYRACUSE NY 13208-1508

(OR)

(OR)

2. Principal Place of Business

3465 Bonita Beach Rd-SW

3. Mailing Address

3465 Bonita Beach Rd-SW

Suite, Apt. #, etc. UNIT

#6

Suite, Apt. #, etc. UNIT #6

UNIT #6

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34134

Country

USA

Zip

34134

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

16-1388005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPEICHER, THOMAS A JR.  
3465 BONITA BEACH RD., SW, SUITE 6  
BONITA SPRINGS FL 34134

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 CPT ☐ Delete

NAME SPEICHER, THOMAS A JR.

STREET ADDRESS 130 AUSTIN AVENUE

CITY-ST-ZIP SYRACUSE NY 13207

TITLE VCP ☐ Delete

NAME SPEICHER, MARY ELLEN

STREET ADDRESS 130 AUSTIN AVENUE

CITY-ST-ZIP SYRACUSE NY 13207

TITLE D ☐ Delete

NAME PATTERSON, ED

STREET ADDRESS 6204 DIFFIN ROAD

CITY-ST-ZIP CICERO NY 13039

TITLE D ☐ Delete

NAME SPEICHER, KEVIN

STREET ADDRESS 4780 MAKYES ROAD

CITY-ST-ZIP SYRACUSE NY 13215

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 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)