

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000003552**

1. Entity Name

LIQUIDGOLF.COM CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -5 PM 2:06

Principal Place of Business
4501 Vineland Road
Suite 109
Orlando, FL 32811

Mailing Address
4501 Vineland Road
Suite 109
Orlando, FL 32811

2. Principal Place of Business
4501 Vineland Road
Suite, Apt. #, etc.
Suite 109

3. Mailing Address
4501 Vineland Road
Suite, Apt. #, etc.
Suite 109

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
58-2442433

Applied For
Not Applicable

Zip
32811

Country
USA

Zip
32811

Country
USA

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

Dwain Brannon
3208-C East Colonial Drive #140
Orlando, FL 32803

Name Corporation Service, Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City Tallahassee

FL

Zip 32301

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

Lynette Coleman
Signature, typed or printed name of registered agent and title if applicable.

Lynette Coleman
as its agent

(NO signature required when reinstating)

DATE

10/5/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 President ☒ Delete
NAME Mark Robinson
STREET ADDRESS 5559 Gatlin Ave, Apt B
CITY-ST-ZIP Orlando FL 32812

TITLE Director ☒ Delete
NAME Christopher Van Vleit
STREET ADDRESS 3015 Main St. Suit 310
CITY-ST-ZIP Santa Monica, CA 90405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Vice President, Director ☐ Change ☒ Addition
NAME Allan Woodlief
STREET ADDRESS 708 Keaton Pkwy
CITY-ST-ZIP Ocoee, FL 34761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Richard Chiarello
STREET ADDRESS 11 Oak Hill Road
CITY-ST-ZIP Huntington, New York 11743

TITLE President, CEO, Director ☒ Change ☐ Addition
NAME Dwain Brannon
STREET ADDRESS 925 Wild Cherry Ct.
CITY-ST-ZIP Heathrow, FL 32746

TITLE ☐ Change ☐ Addition
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:

Allan Woodlief
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/4/2000

907-835-9533

CR2E034 (5/00)