2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K73985**

1. Entity Name

SUNBEAM DRIVING RANGE, INC.

Principal Place of Business	Mailing Address
SUNBEAM DRIVING RANGE INC 4448 SUNBEAM RD JACKSONVILLE FL 32257 US	10736 SKYLARK DR. JACKSONVILLE FL 32257 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **59-2946691**

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
CHAO, THOMES 10736 SKYLARK DR. JACKSONVILLE FL 32257	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 $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PTD** NAME **CHAO, THOMAS K.** STREET ADDRESS **10736 SKYLARK DR** CITY-ST-ZIP **JACKSONVILLE FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VSD** NAME **CHAO, LECO L.** STREET ADDRESS **10736 SKYLARK DR** CITY-ST-ZIP **JACKSONVILLE FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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. Leco Chao

SIGNATURE: SIGNATURE REQUIRED   7/20/00   (904)262-6606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

SUNBEAM DRIVING RANGE, INC.
10736 Skylark Dr.
Jacksonville, Florida 32257

July 20, 2000

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2000 Uniform Business Report

Gentlemen:

Enclosed please find our completed 2000 Uniform Business Report. We are enclosing payment in the amount of $150.00 (the original fee), due to the fact that the 1st notice of the report was not received by our office. We do not know the reason that the original report was not received; however, we request that the penalty be waived due to reasonable cause.

If you have any questions about the above, please do not hesitate to contact us. Thank you for your consideration in this matter.

Very truly yours,

Leco Chao
Vice President