

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004152

1. Entity Name  
REACT GOLF, LLC

FILED

01 MAY -8 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
99 CHERRY HILL ROAD, SUITE 305  
PARSIPPANY NJ 07054

Mailing Address  
99 CHERRY HILL ROAD, SUITE 305  
PARSIPPANY NJ 07054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1420 Route 206 N.  
Suite, Apt. #, etc.  
Suite 120

3. Mailing Address  
1420 Route 206 N  
Suite, Apt. #, etc.  
Suite 120

City & State  
Bedminster NJ

City & State  
Bedminster NJ

Zip  
07921

Country  
USA

Zip  
07921

Country  
USA

4. FEI Number  
22-3721148

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Christopher Schiaavone ☐ Delete  
1420 Route 206 N  
Suite 120  
Bedminster NJ 07921

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Matthew Galvin ☐ Delete  
1420 Route 206 N  
Suite 120  
Bedminster NJ 07921

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300004367713--4  
-06/06/01--01068--005  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

732 521-0070