

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90041 041 \*\*\*\*50.00

DOCUMENT # L01000021670

1. Entity Name

IMPACT GOLF APPAREL, LLC

020000

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

410 Rich Drive

Suite, Apt. #, etc.

410 Rich Drive

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

75-2977859

Applied For

Not Applicable

Zip

33406

Country

U.S.A.

Zip

33406

Country

U.S.A.

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DANIEL GLEASON

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

410 Rich Drive

City

West Palm Beach

FL

Zip Code

33406

**DO NOT WRITE  
IN THIS SPACE**

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

*Daniel Gleason*

DANIEL GLEASON

02.18.02

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

MEMBER

NAME

DANIEL GLEASON

STREET ADDRESS

410 Rich Drive

CITY - ST - ZIP

West P. Beach, FL 33406

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

MEMBER

NAME

DAVID GUNAS

STREET ADDRESS

134 Hope Valley Road

CITY - ST - ZIP

ANSTON, CT 06231

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

MEMBER

NAME

Yolande Eagle Inc.

STREET ADDRESS

410 Rich Drive

CITY - ST - ZIP

WPB, FL 33406

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

MEMBER

NAME

Michael Logan

STREET ADDRESS

28 State St. Suite 1100

CITY - ST - ZIP

Boston, MA 02109

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

*Daniel Gleason*

DANIEL GLEASON

02.18.02

561-642-6133

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

Date

Daytime Phone #

CR2E083B (12/01)