

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L14026

1. Entity Name

GOLFAIR, INC.

Principal Place of Business

Mailing Address

1300 SHETTER AVE
JACKSONVILLE BEACH FL 32250
US

4251 MONUMENT ROAD
UNIT 302
JACKSONVILLE FL 32225-4623

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 59-2967056

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

LAUTEN, WAYNE G
4251 MONUMENT RD
UNIT 302
JACKSONVILLE FL 32225

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LAUTEN, DONNA R
4251 MONUMENT RD UNIT 302
JACKSONVILLE FL ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
P
LAUTEN, WAYNE G.
4251 MONUMENT RD UNIT 302
JACKSONVILLE FL ☐ Delete

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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
VP
BUFFKIN, TIMOTHY W
4053 MISSION HILLS CIRCLE, W.
JACKSONVILLE FL ☐ Delete

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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: Wayne G. Lauten Wayne G. Lauten, Pres. 1/4/2000 (904) 642-1883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #