## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # M60852** PALM BEACH GOLF CENTER, INC. 04-26-2001 90018 021 \*\*\*150.00 Principal Place of Business Mailing Address <del>7100-</del>n. Military trail -7100-N. MILITARY TRAIL PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address 7700 N. MILITARY 7700 N.MILITAR TRAIL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0008210 Palm BEACH GARDENS Palm BeachGardens FL Not Applicable 33<u>410</u> \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SINGER, MIKE Street Address (P.O. Box Number is Not Acceptable) 1201 US HIGHWAY ONE STE 240A <del>-N Palm Beach Fl 33408</del> -3801 PGA BLVD., SUITE 802 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change Change Addition SUGARMAN, LARRY 1700 N.MILITARY TRAIL NAME NAME STREET ADDRES 7100 N MILITARY TR STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP PALM BCH GARDENS FL CITY-ST-ZIP Change Delete TITLE Addition SUGARMAN, LARRY 7700 N. MILITARY TRAIL NAME STREET ADDRESS <del>7100-</del>n military tr STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP PALM BCH GARDEN FL CITY-ST-7IP ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ke empowered.

CR2E034 (10/00

FILED

LAWRENCE SUGARMAN PRES

SIGNATURE: