

# 2000 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # M98000000693</b>			
1. Entity Name <b>KOLLSTAR GOLF LLC</b>			
Principal Place of Business <b>4343 VON KARMAN AVENUE NEWPORT BEACH CA 92660</b>		Mailing Address <b>4343 VON KARMAN AVENUE NEWPORT BEACH CA 92660-2005</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED** *4/5*  
**00 MAR 27 PM 3:28**  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>33-0811539</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>NATIONSCORP REGISTERED AGENTS, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KOLLWOOD GOLF CORP. 527 MADISON AVE., 17TH FLOOR NEW YORK NY 10022</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000003207610--1 -04/13/00--01090--001 *****50.00 *****50.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *William S. Hoffenberg* **WILLIAM S. HOFFENBERG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER **VICE-PRESIDENT & CFO** *3/15/00*  
Date Daytime Phone #