## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9800001311  1. Entity Name WEITZ GOLF INTERNATIONAL, L.L.C.					SECRE I HOIZIVID	LELEO TARY OF STA GF CORPORA	ATE Flavo	
Principal Plac	of Business	Mailing Address			00 FEB -	-7 PM 2:	nuns Na	
Principal Place of Business 11780 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408		11790 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408-3007						
2. Principal F	Place of Business	3. Mailing Address	···					
Suite, Apt. #, etc.		Suite, Apt. #, etc.  City & State		_	DO NOT WRITE IN THIS SPACE  4. FEI Number  42-1479144  Applied For Not Applicable			
City & State				4. FEI Number				
Zip	Country	Zip	Country	5. Certificate of St		\$5.00 Add	litional	
	6Name and Address of Curro	ent Registered Agent		i 7Name and Add	lress of New Register			
			Name		——————————————————————————————————————			
KOEPNICK, JIM 11780 U.S. HIGHWAY ONE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
NORTH PALM BEACH FL 33408			Į.		•			
	•		City			Zip Code	e	
The above	named entity submits this statemer	nt for the purpose of changing i	ts registered office or regi	istered agent, or both, in	the State of Florida.			
. The above			7	4.		ممليطا		
	Signature, typed or printed harpe of registered a		Pveside  OTE: Registered Agent signature rec	nt	DA	1/31/0.		
	Signature, typed or printed harps of registered a	gent and title if applicable  FILE N  Make Check P	Pveside President Registered Agent signature recommendation of the Pvesident Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered	guired when reinstating)	DA	ie		
SIGNATURE	Signature, typed or printed hape of registered at	gent and title if applicable  FILE Make Check P  MBERS/MEMBERS	Pveside Preside Preside NOW!!! FEE IS \$50.0 Payable to Departmen	puired when reinstating)  00  It of State	ADDITIONS/CHANG	GES GES		
SIGNATURE  ).  ittle	Signature, typed or crimted harps of registered at MANAGING ME MGR OGGERO, RICHARD J	gent and title if applicable  FILE Make Check P  MBERS/MEMBERS	Pveside Pveside Pveside NOW!!! FEE IS \$50.0 Payable to Departmen 10. TITLE NAME	puired when reinstating)  00  It of State	DA	GES	Andijion	
SIGNATURE  ).  ittle iame treet address	MANAGING ME  MGR  OGGERO, RICHARD J  400 LOCUST STREET, SUITE	gent and title if applicable  FILE Make Check P  MBERS/MEMBERS	Pveside Pveside Preside Presid	puired when reinstating)  00  It of State	ADDITIONS/CHANG	GES 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
SIGNATURE  ).  ITLE IAME TREET ADDRESS ITY- ST-ZIP ITLE IAME	MANAGING ME  MGR  OGGERO, RICHARD J  400 LOCUST STREET, SUITE DES MOINES IA 50309  MGR  DESTIGTER, GLENN H	gent and title if applicable  FILE Make Check F  MBERS/MEMBERS  Delete	PVESIDE  PVESIDE  TE: Registered Agent signature rec  NOW!!! FEE IS \$50.0  Payable to Department  10.  TITLE  NAME  \$TREET ADDRESS	puired when reinstating)  00  It of State	ADDITIONS/CHANG  DDD:31:3 -02/10/00-	GES 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	06 	
SIGNATURE  ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS	MANAGING ME  MGR  OGGERO, RICHARD J  400 LOCUST STREET, SUITE DES MOINES IA 50309  MGR	gent and title if applicable  FILE Make Check F  MBERS/MEMBERS  Delete	PVES Ide OTE: Registered Agent signature rec NOW!!! FEE IS \$50.0 Payable to Departmen  10. TITLE NAME STREET ADDRESS CITY-81-ZIP TITLE NAME	puired when reinstating)  00  It of State	ADDITIONS/CHANG  DDD:31:3 -02/10/00-	GES 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	06 0.00 	
O.  ITTLE IAME TREET ADDRESS ITY-ST-ZIP TITLE IAME STREET ADDRESS ITY-ST-ZIP TITLE IAME STREET ADDRESS ITY-ST-ZIP TITLE IAME	MANAGING ME  MGR  OGGERO, RICHARD J  400 LOCUST STREET, SUITE DES MOINES IA 50309  MGR  DESTIGTER, GLENN H  400 LOCUST STREET, SUITE	gent and title if applicable  FILE Make Check P  MBERS/MEMBERS  Delete  300	PVESIGE  PVESIGE  NOW!!! FEE IS \$50.0  Payable to Department  10.  TITLE  NAME  \$TREET ADDRESS  CITY-\$T-ZIP	puired when reinstating)  00  It of State	ADDITIONS/CHANG  DDD:31:3 -02/10/00-	GES  1	06 0.00 	
SIGNATURE  ITLE IAME TREET ADDRESS ITY- ST-ZIP ITLE IAME ITREET ADDRESS ITY- ST-ZIP ITLE IAME ITREET ADDRESS ITY- ST-ZIP ITLE IAME	MANAGING ME  MGR  OGGERO, RICHARD J  400 LOCUST STREET, SUITE DES MOINES IA 50309  MGR  DESTIGTER, GLENN H  400 LOCUST STREET, SUITE	gent and title if applicable  FILE Make Check P  MBERS/MEMBERS  Delete  300	PVESIGE  PVESIGE  NOW!!! FEE IS \$50.0  Payable to Department  10.  TITLE  NAME  \$TREET ADDRESS  CITY-\$T-ZIP  TITLE  NAME  \$TREET ADDRESS  CITY-\$T-ZIP  TITLE  NAME  \$TREET ADDRESS  CITY-\$T-ZIP	puired when reinstating)  00  It of State	ADDITIONS/CHANG  DDD:31:3 -02/10/00-	GES  1	06 0.00 	
SIGNATURE  J.  J.  J.  J.  J.  J.  J.  J.  J.  J	MANAGING ME  MGR  OGGERO, RICHARD J  400 LOCUST STREET, SUITE DES MOINES IA 50309  MGR  DESTIGTER, GLENN H  400 LOCUST STREET, SUITE	gent and title if applicable  FILE N Make Check P  MBERS/MEMBERS  Delete  300  Delete	PVPS Ide  OTE: Registered Agent signature rec  NOW!!! FEE IS \$50.0  Payable to Departmen  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	puired when reinstating)  00  It of State	ADDITIONS/CHANG  DDD:31:3 -02/10/00-	GES  1	O6 O.OO Addition	
SIGNATURE  ITTLE IAME TREET ADDRESS ITY- ST-ZIP ITTLE IAME ITREET ADDRESS ITY- ST-ZIP ITTLE IAME	MANAGING ME  MGR  OGGERO, RICHARD J  400 LOCUST STREET, SUITE DES MOINES IA 50309  MGR  DESTIGTER, GLENN H  400 LOCUST STREET, SUITE	gent and title if applicable  FILE N Make Check P  MBERS/MEMBERS  Delete  300  Delete	PVPS Ide  OTE: Registered Agent signature rec  NOW!!! FEE IS \$50.0  Payable to Departmen  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	puired when reinstating)  00  It of State	ADDITIONS/CHANG  DDD:31:3 -02/10/00-	GES  1	O6 O.OO Addition	
SIGNATURE  SIGNATURE  ITTLE  IAME  ITTLE  ITTLE	MANAGING ME  MGR  OGGERO, RICHARD J  400 LOCUST STREET, SUITE DES MOINES IA 50309  MGR  DESTIGTER, GLENN H  400 LOCUST STREET, SUITE	gent and title if applicable  FILE Make Check P  MBERS/MEMBERS  Delete  300  Delete  Delete  Delete	DTE: Registered Agent signature rec  NOW!!! FEE IS \$50.0 Payable to Department  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	puired when reinstating)  00  It of State	ADDITIONS/CHANG  DDD:31:3 -02/10/00-	GES  1 Change  -01078-0 Change	OS O. OO Addition  Addition	

1 - Z 4 - 00

Daytime Phone #