2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900001325 1. Entity Name UNITED GOLF PERSONNEL LLC						FILED OD JAN 25 PM 2: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address					7	IMPLAHASSI	E FLUNIDA		
97 WEST 57TH STREET. 12TH FLOOR 97 WEST 57TH STREET. 12TH FLOOR NEW YORK NY 10019 NEW YORK NY 10019-3411				OR			•		
				-					
2. Principal P	lace of Business	3. Mailing Address	Mailing Address			7			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEII	Number 39-1928370	!!'	plied For		
Zip	Country	Zip	Zip Count		5. Cert	ificate of Status Desired	\$5.00 Ada	litional	
	6. Name and Address of Current	Registered Agent	·		7. Nam	e and Address of New Regis		-	
				Name					
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508			Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33156									
				City FL Zip Code					
8. The above	named entity submits this statement for	r the purpose of changing its	registere	d office or regist	ered agent,	or both, in the State of Florida.	'		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NOTI	F: Benistered	Agent signature requir	red when reinstal	ing)	DATE		
	. MANAGING MEMO	Make Check Pa	yable to	EE IS \$50.00 Department		ADDITIONS/CHA	NICES		
9. TITLE	MANAGING MEMBI	EHS/MEMBEHS	10.			ADDITIONS/CHA	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	UNITED GOLF LLC 37 WEST 57TH STREET, 12TH F NEW YORK NY 10019		RAME Stree	l l		90000911	12299- 1010160	8.	
TITLE	NEW TONK WE TOOLS	☐ Delete	TITLE			<u>~01721700</u> *****50.	**	(} (T)# ###################################	
NAME STREET ADDRESS CITY-ST-ZIP	AND THE RESERVE OF THE SECOND			T ADDRESS	و خيد د د	ing and a second se	ه د د می		
TITLE	-	☐ Ociete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME STREE	T ADDRESS	•				
CITY-8T-ZIP	····		CITY-	8T-ZIP				_ '	
TITLE Name		☐ Detate	TITLE			•	Change	Addition	
STREET ADDRESS				T ADDRESS ST-ZIP					
CITY-ST-ZIP		☐ Delete	TITLE				☐ Change	Addittion	
NAME			NAME STREE	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP	<u>;</u>			ST-ZIP					
TITLE 3		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
11. I hereby of indicated	certify that the information supplied with on this report is true and accorded and bility company or the feegi er or trustee	this filling does not qualify for that my signature shall have approvered to execute this	r the exen	nption stated in the legal effect as if	Section 119. made unde pter 608, Fl	07(3)(i), Florida Statutes. I further oath; that I am a managing rorida Statutes.	ner certify that the in member or manage	nformation r of the	

SIGNATURE REQUIREMENTS OF MANAGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER