

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90451 048 ***61.25

DOCUMENT # 199000007540
1. Entity Name BAYSHORE MEN'S GOLF ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
BAYSHORE GOLF COURSE
Suite, Apt. #, etc.
2301 ALTON RD

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

City & State

Zip
33140-4255 Country
DADE

Zip

Country

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SCOTT LIPMAN

Street Address (P.O. Box Number is Not Acceptable)
790 W 50 ST

City
MIAMI BEACH

Zip Code
33140 FL

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>SCOTT LIPMAN</u> <u>2301 ALTON RD</u> <u>MB, FL 33140</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <u>DAVE CATERO</u> <u>2301 ALTON RD</u> <u>MB, FL 33140</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <u>LITERIS GROWING</u> <u>2301 ALTON RD</u> <u>MB, FL 33140</u>
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)