

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054279

1. Entity Name
GOLFFOOLS.COM, INC.

Principal Place of Business

3632 STEWART AVENUE
MIAMI FL 33133

Mailing Address

3632 STEWART AVENUE
MIAMI FL 33133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90055 035 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1027379

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JACK L
3632 STEWART AVENUE
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. That 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIAMS, JACK L
CITY-ST-ZIP 3632 STEWART AVENUE
MIAMI FL 33133

TITLE ☐ Delete
NAME D
STREET ADDRESS BRUTON, GARY
CITY-ST-ZIP WARRENWOOD COTTAGE, WARRENERS LANE
SURREY KT130LH ENGLAND, GB

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME CHAIRMAN
STREET ADDRESS WILLIAMS, JACK, L
CITY-ST-ZIP 3632 STEWART AVE
COCONUT GROVE, FL 33133

TITLE ☒ Change ☐ Addition
NAME VICE CHAIRMAN
STREET ADDRESS BRUTON, GARY
CITY-ST-ZIP 3225 JENNIFER JANE DR.
COCONUT GROVE, FL 33133

TITLE ☐ Change ☒ Addition
NAME PRESIDENT
STREET ADDRESS MARTIN, TOM
CITY-ST-ZIP 2600 CENTER AVE
FT. LAUDERDALE, FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/01

CR2E034 (5/01)