

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90094 032 ***150.00

DOCUMENT # P00000080810

1. Entity Name
CABRETTA GOLF, INC.



Principal Place of Business
**6574 N. STATE ROAD 7
#161
COCONUT CREEK FL 33073**

Mailing Address
**6574 N. STATE ROAD 7
#161
COCONUT CREEK FL 33073**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
7305 MYSTIC WAY

3. Mailing Address
7305 MYSTIC WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT ST. LUCIE

City & State
PORT ST LUCIE

4. FEI Number
65-1036423

Applied For
Not Applicable

Zip
34986

Country
USA

Zip
34986

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RICHARD, SHEPHERD A**
STREET ADDRESS **6574 N. STATE ROAD 7 #161**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7305 MYSTIC WAY**
CITY-ST-ZIP **PORT ST LUCIE 34986**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHEPHERD A. RICHARD 3/13/03 772-468-4873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)