

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095511

1. Entity Name
PAR GOLF ENTERPRISES, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90042 029 ***150.00

Principal Place of Business
**5889 AIRPORT RD., UNIT 1030
PORT ORANGE FL 32124**

Mailing Address
**5889 AIRPORT RD., UNIT 1030
PORT ORANGE FL 32124**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
74-2978143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOTT, ALAN F JR.
8895 N. MILITARY TRAIL, SUITE 103-C
PALM BCH GARDENS FL 33410**

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.

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 \$150.00
After MAY 15, 2001, Fee will be \$550.00.
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **Sec Peter CIRASOLE** ☐ Delete
STREET ADDRESS **112 PENINSULA DR.**
CITY-ST-ZIP **BAHAYON NY 11702**

TITLE
NAME **Pres: CHARLES CLARK** ☐ Delete
STREET ADDRESS **1841 SUMMER GREEN DR**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE
NAME **V.P. Kenneth CLARK** ☐ Delete
STREET ADDRESS **1841 SUMMER GREEN DR**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER CIRASOLE, Sec'y

Date:

Day: Month: Year:

3/5/01