

2002 UNIFORM BUSINESS REPORT (UBR)

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

001447 AV

03-14-2002 90415 025 ***150.00

DOCUMENT # P00000095511

1. Entity Name
PAR GOLF ENTERPRISES, INC.

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
1841 SUMMER GREEN DR.
 Suite, Apt. #, etc.

3. Mailing Address
1841 SUMMER GREEN DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DAYTONA BEACH FL

City & State
DAYTONA BEACH FL

4. FEI Number **74-2978143**

Applied For
☐ **Not Applicable**

Zip **32128** **Country** **USA**

Zip **32128** **Country** **USA**

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

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	CIRASOLE, PETER	
STREET ADDRESS	112 PENINSULA DRIVE	
CITY-ST-ZIP	BABYLON NY 11702	
TITLE	P	<input type="checkbox"/> Delete
NAME	CLARK, CHARLES	
STREET ADDRESS	1841 SUMMER GREEN DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLARK, KENNETH	
STREET ADDRESS	1841 SUMMER GREEN DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	DAYTONA BEACH, FL	
CITY-ST-ZIP	32128	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	DAYTONA BEACH, FL	
CITY-ST-ZIP	32128	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02 **386-679-9787**
 Date Daytime Phone #

CR2E034 (9/01)