

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90011 003 \*\*\*155.00

**DOCUMENT # P01000037396**

1. Entity Name

**TIKI ISLAND ADVENTURE GOLF, INC.**

Principal Place of Business

**1110 W. IVANHOE BLVD., UNIT 23  
 ORLANDO FL 32804**

Mailing Address

**1110 W. IVANHOE BLVD., UNIT 23  
 ORLANDO FL 32804**

2. Principal Place of Business

**7460 INTERNATIONAL DR**

3. Mailing Address

**178 CITRUS TREE LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FL.**

City & State

**LORNGOOD, FL.**

4. FEI Number

**59-3714614**

Applied For

Not Applicable

Zip

**32804**

Country

**U.S.**

Zip

**32750**

Country

**U.S.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FRIED, MITCHELL I ESQ  
 238 N. WESTMONTE DR., STE. 240  
 ALTAMONTE SPRINGS FL 32714**

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

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 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HALBERSTADT, ALEX E 1110 W. IVANHOE BLVD., UNIT 23 ORLANDO FL 32804</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MOTTERSHEAD, CRAIG 1110 W. IVANHOE BLVD., UNIT 23 ORLANDO FL 32804</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ALOE, RENEE 1110 W. IVANHOE BLVD., UNIT 23 ORLANDO FL 32804</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SMITH, LEE R 1110 W. IVANHOE BLVD., UNIT 23 ORLANDO FL 32804</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Lee R. Smith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/02 407-260-9189**  
 Date Daytime Phone #

CR2E034 (9/01)