

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State
 09-19-2002 90162 041 ***550.00

DOCUMENT # P01000076946

1. Entity Name
ELITE GOLF EVENTS, INC.

Principal Place of Business

**4804 BENCHMARK CT.
 SARASOTA FL 34238**

Mailing Address

**4804 BENCHMARK CT.
 SARASOTA FL 34238**

2. Principal Place of Business

7820 S. HOLIDAY DR.

3. Mailing Address

7820 S. HOLIDAY DR.

Suite, Apt. #, etc.

330 L

Suite, Apt. #, etc.

330 L

City & State

SARASOTA FL

City & State

SARASOTA, FL

Zip

FL 34231

Country

U.S.

Zip

34231

Country

U.S.

4. FEI Number

65-1130649

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SILVESTRI, KEVIN M
 4804 BENCHMARK CT.
 SARASOTA FL 34238**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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 13, 2002 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 **D** ☐ Delete
 NAME **SILVESTRI, KEVIN M**
 STREET ADDRESS **4804 BENCHMARK CT.**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** ☐ Delete
 NAME **LANDES, PHILIP**
 STREET ADDRESS **523 GATEHALL LN.**
 CITY-ST-ZIP **BALLWIN MO 63011**

TITLE **D** ☐ Delete
 NAME **LANDES, DARRIN**
 STREET ADDRESS **4843 WILDE POINTE DR.**
 CITY-ST-ZIP **SARASOTA FL 34223**

TITLE ☐ Delete
 NAME **4804 BENCHMARK CT.**
 STREET ADDRESS **SARASOTA FL 34238**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/02

Date

Daytime Phone #

CR2E034 (4/02)