

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State
 04-22-2000 90025 002 ***150.00

DOCUMENT # P32080

1. Entity Name

MACGREGOR GOLF COMPANY

Principal Place of Business

Mailing Address

1601 S. SLAPPEY BLVD.
 ALBANY GA 31701-2631
 US

P.O. BOX 3929
 ALBANY GA 31706-3929
 US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2285422

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 2000 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 **P** ☐ Delete
 NAME **MARSH, WILLIAM**
 STREET ADDRESS **2109 POPLARWOOD CT STE 225**
 CITY-ST-ZIP **RALEIGH NC 27604**

TITLE **P** ☒ Change ☐ Addition
 NAME **MARSH, WILLIAM**
 STREET ADDRESS **1150 LAKE HEARN DR. SUITE 400**
 CITY-ST-ZIP **ATLANTA, GEORGIA 30342**

TITLE **S** ☐ Delete
 NAME **FRANK, CHARLES**
 STREET ADDRESS **650 CALIFORNIA ST STE 2400**
 CITY-ST-ZIP **SAN FRANCISCO CA 94108**

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

TITLE **CFO** ☐ Delete
 NAME **RAVID, CORY**
 STREET ADDRESS **650 CALIFORNIA ST STE 2400**
 CITY-ST-ZIP **SAN FRANCISCO CA 94108**

TITLE **CFO** ☒ Change ☐ Addition
 NAME **JUSTIN WHEATING**
 STREET ADDRESS **1150 LAKE HEARN DR. SUITE 400**
 CITY-ST-ZIP **ATLANTA, GEORGIA 30342**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

3/7/00

404-497-1700

CR2E034 19/99