

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32270

1. Entity Name

NICKLAUS PRODUCTIONS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90131 023 ***150.00

Principal Place of Business

Mailing Address

11780 US HWY 1
STE 300
NORTH PALM BEACH FL 33408

11780 US HWY 1
STE 300
NORTH PALM BEACH FL 33408-3042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2384382

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

FHS CORPORATE SERVICES, INC
11780 U.S. HWY. ONE, SUITE 300
NORTH PALM BEACH FL 33408

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]*

Signature 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	CD	<input type="checkbox"/> Delete
NAME	NICKLAUS, JACK W.	
STREET ADDRESS	11780 U.S. HWY. ONE #400	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WORMAN, PAT	
STREET ADDRESS	11780 U.S. HWY. ONE #400	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOWDEN, KEN	
STREET ADDRESS	56 HERMIT LANE	
CITY-ST-ZIP	WESTPORT CT	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHERMAN, DAVID G.	
STREET ADDRESS	11780 U.S. HWY. ONE #400	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BATES, JACK P.	
STREET ADDRESS	11780 U.S. HIGHWAY ONE, SUITE 400	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACOBSON, RON	
STREET ADDRESS	11780 U.S. HIGHWAY ONE, SUITE 400	
CITY-ST-ZIP	NORTH PALM BEACH FL	

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		
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		
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.

Jack P. Bates, Senior Vice President

SIGNATURE: *[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JN Productions, Inc. DBA Nicklaus Productions, Inc.
4-18-00 561 627-8100

Date

Daytime Phone #

CR2E034 (9/99)