

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90059 005 ***150.00

DOCUMENT # P94000003352

1. Entity Name

OSBORNE'S GOLF, INC.

Principal Place of Business

Mailing Address

3191 SW 14 PLA #17
SUITE L-210
BOYNTON BEACH FL 33436
US

3191 SW 14TH PLACE #17
BOYNTON BEACH FL 33426-9057
US

805646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3191 SW 14th Pl. #17
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0457705

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

OSBORNE, THOMAS D.
6253 COUNTRY FAIR CIR
SUITE 1
BOYNTON BEACH FL 33437

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

Thomas D. Osborne, President + CEO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/00

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

TITLE	P	OSBORNE, THOMAS D	<input type="checkbox"/> Delete
NAME		9873 LAWRENCE RD APT D-106	
STREET ADDRESS		BOYNTON BEACH FL	
CITY-ST-ZIP			
TITLE	V	OSBORNE, ELIZABETH	<input type="checkbox"/> Delete
NAME		9873 LAWRENCE RD APT D-106	
STREET ADDRESS		BOYNTON BEACH FL	
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			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	Osborne, THOMAS D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		325 Sweet Bay Circle	
STREET ADDRESS		Jupiter, FL 33458	
CITY-ST-ZIP			
TITLE		Osborne, ELIZABETH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		325 Sweet Bay Circle	
STREET ADDRESS		Jupiter, FL 33458	
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.

SIGNATURE

Elizabeth Osborne, Elizabeth H. Osborne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #