

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State
 09-12-2000 90006 002 ***550.00

DOCUMENT # P94000029424

1. Entity Name
POLO GEAR, INC.

Principal Place of Business MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, SIXTH FLOOR PALM BEACH FL 33480 US	Mailing Address C/O MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, #602 PALM BEACH FL 33480 US
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A0076200



2. Principal Place of Business 3500 Fairlane Farms Rd Suite, Apt. #, etc. Suite 15 City & State Wellington, FL Zip 33414 Country USA	3. Mailing Address 3500 Fairlane Farms Rd Suite, Apt. #, etc. Suite 15 City & State Wellington, FL Zip 33414 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0480960	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
DE MENDOZA, MARIO G III ESQ
251 ROYAL PALM WAY
SIXTH FLOOR
PALM BEACH FL 33480

7. Name and Address of New Registered Agent
 Name
Gary T Fellers
 Street Address (P.O. Box Number is Not Acceptable)
3500 Fairlane Farms Rd
Suite 15
 City
Wellington **FL** Zip Code
33414

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]* DATE **7/24/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD FELLERS, GARY T 251 ROYAL PALM WAY PALM BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SASSOON, JEANETTE 251 ROYAL PALM WAY PALM BEACH FL <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
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

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]* **REQUIRED** DATE **7/24/00** DAYTIME PHONE # **561-795-1719**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)