

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062908

1. Entity Name

MARK, FORE & STRIKE, INC.

Principal Place of Business

6500 PARK OF COMMERCE BLVD., N.W.
BOCA RATON FL 33487

Mailing Address

6500 PARK OF COMMERCE BLVD., N.W.
BOCA RATON FL 33487

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNIGHT, NEAL W JR.
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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, 2001 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 D ☐ Delete
NAME KNIGHT, NEAL W JR.
STREET ADDRESS 321 ROYAL POINCIANA PLAZA
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☒ Change ☒ Addition
NAME KENNETH C. FISCHER
STREET ADDRESS 6500 PARK OF COMMERCE BL
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE P ☐ Delete
NAME TIERNAN, MICHAEL
STREET ADDRESS 6500 PARK OF COMMERCE BLVD
CITY-ST-ZIP BOCA RATON FL

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

TITLE VP ☐ Delete
NAME MILLER, SETH
STREET ADDRESS 6500 PARK OF COMMERCE BLVD
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/30/01

(561) 241-1700

Date

Daytime Phone #

CR2E034 (10/00)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90079 008 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0652291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required