

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078423

1. Entity Name

TEE OFF WITH STEVE, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90112 042 ***150.00

Principal Place of Business

Mailing Address

20898 SAN SIMON WAY
NORTH MIAMI BEACH FL 33179
US

809 BRIAR RIDGE RD
WESTON FL 33327-1705
US

ST. ANDREWS CC.

2. Principal Place of Business

3. Mailing Address

17557 CLARIDGE OVAL WEST 3830 MAX PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON FL

BOYDTON BCH FL

4. FEI Number 65-0531901

Applied For
Not Applicable

Zip

Country

Zip

Country

33496 Palm Bch County 33436 Palm Bch

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

BAACH, STEVEN D
809 BRIAR RIDGE ROAD
WESTON FL 33327

Name STEVEN D. BAACH

Street Address (P.O. Box Number is Not Acceptable)
3830 MAX PLACE #105

City BOYDTON BCH

FL

Zip Code 33436

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 PD
NAME BAACH, STEVEN D
STREET ADDRESS 809 BRIAR RIDGE ROAD
CITY-ST-ZIP WESTON FL 33327 ☐ Delete

TITLE
NAME 3830 MAX PLACE #105 ☒ Change ☐ Addition
STREET ADDRESS BOYDTON BCH, FL
CITY-ST-ZIP 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 an other file empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-00 561-752-2425

CR2E014 (9/99)