

2000 UNIFORM BUSINESS REPORT (UBR)

3/21/00-90005-033-\$1,240.00-\$1,240.00

DOCUMENT # P94000083747

1. Entity Name

GRAHAM MARSH GOLF CORPORATION

Principal Place of Business

8350 NW 52 TERR
STE 301
MIAMI FL 33166

Mailing Address

8350 NW 52 TERR
STE 301
MIAMI FL 33166-7708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPEAR SAFER HARMON & CO
8350 NW 52 TERRACE
STE 301
MIAMI FL 33166

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, 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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

PD
MARSH, GRAHAM V
% 701 BRICKELL AVE., SUITE 1600
MIAMI FL 33131

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

ADDRESS
90 8350 NW 52 TERRACE #301
MIAMI FLA 33166

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

ASSISTANT SECRETARY
STEPHEN HAMILTON
8350 NW 52 TERRACE #301
MIAMI FLA 33166

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

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

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

000003251500-3
-05/12/00-01143-002
***150.00 ***150.00

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

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEPHEN HAMILTON

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 PM 1:51

00001000



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0567304 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required