

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90112 028 ***150.00

DOCUMENT # P95000017483

1. Corporation Name

ENTERTAINMENT GOLF, INC.



Principal Place of Business

325 ARTHUR DR
SARASOTA FL 34236
US

Mailing Address

325 ARTHUR DR
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1995

4. FEI Number

65-0572905

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 344 Monroe Dr

Suite, Apt. #, etc.

22 City & State
Sarasota, FL

23 Zip 34236 Country USA

24 34236 25 USA

2a. Mailing Address

26 344 Monroe Dr

Suite, Apt. #, etc.

27 City & State
Sarasota, FL

28 Zip 34236 Country USA

29 34236 30 USA

9. Name and Address of Current Registered Agent

CUSHMAN, CHRISTOPHER D.
325 ARTHUR DR
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name Cushman, Christopher D.

82 Street Address (P.O. Box Number is Not Acceptable)
344 Monroe Dr

83

84 City Sarasota FL

85 Zip Code 34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/S
NAME CUSHMAN, CHRISTOPHER D
STREET ADDRESS 325 ARTHUR DR
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE VP
NAME CUSHMAN, SUZETTE
STREET ADDRESS 325 ARTHUR DR
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/S
1.2 NAME Cushman, Christopher D.
1.3 STREET ADDRESS 344 Monroe Dr
1.4 CITY-ST-ZIP Sarasota, FL 34236

☒ Change

☐ Addition

2.1 TITLE VP
2.2 NAME Cushman, Suzette
2.3 STREET ADDRESS 344 Monroe Dr.
2.4 CITY-ST-ZIP Sarasota, FL 34236

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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

4/26/99 941 388 1089

Date

Daytime Phone #

CR2E034 (11/98)