

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90174 045 ***150.00

DOCUMENT # P95000024805

1. Entity Name
**CORAL SPRINGS GOLF DRIVING RANGE & TEACHING CENT
ER, INC.**



Principal Place of Business
**2600 SPORTSPLEX DR
CORAL SPRINGS FL 33065
US**

Mailing Address
**41 S LAKESHORE DR
HYPOLUXO FL 33462
US**

2. Principal Place of Business

3. Mailing Address

21218 ST. ANDREWS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 414

City & State

City & State

BOCA RATON FL

Zip

Country

Zip

33433-2449

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0570020**

Applied For

Not Applicable

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

**AMBACH, MICHAEL
2600 SPORTSPLEX DR
CORAL SPRINGS FL 33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBACH, MICHAEL 2600 SPORTSPLEX DR CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBACH, JACK 2600 SPORTSPLEX DR CORAL SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 689, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

Date

Daytime Phone #

CR2E034 (10/02)