

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000043608**

1. Entity Name

TEE TIME ENTERPRISE INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90146 032 ***150.00

Principal Place of Business

Mailing Address

TEE TIME ENTERPRISE INC.
RM. 205, SUITE 54
2124 N.E. 123RD STREET
NO. MIAMI, FL. 33181

2. Principal Place of Business

3. Mailing Address

2124 N.E. 123RD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Rm. 205, Suite 54

City & State

City & State

NO MIAMI, FL.

Zip

Country

Zip

Country

33181

U.S.A.

4. FEI Number

59-3319851

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

Name

SUSAN M. WERNER - RUSTEN

Street Address (P.O. Box Number is Not Acceptable)

4802 N.W. 2TH TERR.

City

JAMARAC

FL

Zip Code

33309

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Susan M. Werner-Rusten

4/27/00

Date

Home: 954-485-8820

Cell# 954-235-2757

Daytime Phone #

CR2E034 (9/99)