

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057062

1. Entity Name
FAMILY GOLF CENTER, INC.

R

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90064 001 ***150.00

Principal Place of Business
2 COVINGTON LN
PALM COAST FL 32717

Mailing Address
2 COVINGTON LN
PALM COAST FL 32717

2. Principal Place of Business
2127 No. STATE ST

3. Mailing Address
2127 No. STATE ST

Suite, Apt. #, etc.
ROUTE 451

Suite, Apt. #, etc.

City & State
BUNNEL FL

City & State
SAME

Zip
32110

Country

Zip

Country

4. FEI Number 59-3344691

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

FEDERICO, ROBERT
2 COVINGTON LN
PALM COAST FL 32137-9017

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

Robert Federico, Pres.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
PCED
FEDERICO, ROBERT
2 COVINGTON LANE
PALM COAST FL 32197-9017 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Robert Federico, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

attachment doc #
P95000057062
A0075700

Family Golf Center, Inc.
2127 No. State Street, Rte US1, Bunnell, Florida 32110

August 29, 2000

Division of Corporations
Uniform Business Report Filings
Post Office Box 6327
Tallahassee, Florida 32314

Re: Uniform Business Report - Document No. P95000057062 - FEI No. 59-3344691

Attention: Supervisor

Enclosed please find check number 1009 in the amount of \$150.00.

In calling your office in regard to this notice I was asked to submit a check for the above amount (\$150.00) and a brief note explaining that this is the first and only notice that I have received. Please note my new address: 2127 No. State Street, Rte 1, Bunnell, Florida 32110. We have been very busy setting up this new business over the past year, which is due to open September 1, 2000. Please send all future correspondence to the new address.

Thank you for your time and consideration in the above matter.

Sincerely,



Robert Federico
President