## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P95000088429 1. Entity Name PUTTING GREENS, INC.

Mar 20, 2000 8:00 am Secretary of State

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Principal Place 10925 SOUTHW MIAMI FL 33176	VEST 116 STR	10925 SO	Mailing Address 10925 SOUTHWEST 116 STREET MIAMI FL 33176-3922										
2. Principal P	lace of Busine	ess	3. Mailing	g Address									
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.						RITE IN TH	• • • • • • • • • • • • • • • • • • • •	IB 1811 1481	
			<u> </u>	City & State				El Number				plied For	
City & State			1						65-0621	090	No	Applicable	
Zip				Country			5. Certificate of Status Desired S8.75 Additional Fee Required					itional I	
6. Name and Address of Current Reg				ed Agent Name			7. N	ame and A	dress of Ne	w Register	ed Agent		
GREGORY T DAVIS 10925 SW 116 ST MIAMI FL 33176				† 			Street Address (P.O. Box Number is Not Acceptable)						
			:		-	City				F	Zip Code	•	
8. The above	named entity	submits this statement for	the purpos	e of changing its	registered	office or reg	gistered age	ent, or both,	in the State o	Florida.		_	
SIGNATURE .	Signature, typed o	or printed name of registered agent a	and title if applica	able. (NOTE	: Registered	Agent signature re	equired when rei	nstating)		DA	TE		
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 Make Check Payable to Department o			f State	State Mastralia continuation.					
11.		OFFICERS AND	DIRECTORS	3	12.	· ·	ADI	DITIONS/CI	HANGES TO	OFFICERS ,	AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		regory todd Outhwest 116 Stree 33176	T	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS					☐ Change	☐ Addition	
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13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

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