## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P95000096842 RK GOLF ENTERPRISES, INC. 01-25-2001 90012 041 \*\*\*150.00 Principal Place of Business Mailing Address 2416 N STATE RD 7 1163 NW 116TH AVE MARGATE FL 33063 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-0627577 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WARD, RICHARD G Street Address (P.O. Box Number is Not Acceptable) 1163 NW 116TH AVE CORAL SPRINGS FL 33071 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PCTD Change Addition ☐ Delete TITLE TITLE WARD, RICHARD G NAME NAME STREET ADDRESS 1163 NW 116TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL Addition ☐ Delete ☐ Change TITLE TITLE WARD, KAREN L. NAME NAME STREET ADDRESS 1163 NW 116TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL TITLE **VD** ☐ Delete TITLE Change ☐ Addition NAME WARD, DAVID B. NAME 1163 NW 116TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL** CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of suppliemental 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 received or grustee 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 w

SIGNATURE:

FILED

1-11-2001 954-978-620F