

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90018 010 ***158.75

DOCUMENT # *P960000 24049*

1. Entity Name
Centre Court Discount Golf and Tennis, Inc.

Principal Place of Business
Centre Court Discount Golf and Tennis
3945 Jog Rd.
Green Acres City, FL 33467

Mailing Address
Centre Court Discount Golf and Tennis
3945 Jog Rd.
Green Acres City, FL 33467

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
65-0656564

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
David C. Barnett
2550 Eisenhower Blvd.
Suite 322
Port Everglades, FL 33316 US

7. Name and Address of New Registered Agent
 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 _____ (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. ☐ **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

TITLE <i>PO</i>	NAME <i>Sam Katzenberg</i>	STREET ADDRESS <i>871 NE 195th St.</i>	CITY-ST-ZIP <i>Apt. #103 Miami, FL 33179</i>	<input checked="" type="checkbox"/> Delete
TITLE <i>0</i>	NAME <i>Jeff Gibson</i>	STREET ADDRESS <i>618 NW 13th St.</i>	CITY-ST-ZIP <i>Apt. #32 Boca Raton, FL 33486</i>	<input checked="" 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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <i>PID</i>	NAME <i>Derek Straut</i>	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <i>VITISID</i>	NAME <i>Mark Noble</i>	STREET ADDRESS <i>17630 Woodview Terrace</i>	CITY-ST-ZIP <i>Boca Raton, FL 33481</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Mark Noble* *Mark Noble* *7-11-00* *561-434-2299*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Carol Mustaine:

This report is late because we did not receive the initial report. The person who would have been responsible for it's filing has left the company.

We appreciate your assistance in this matter.

Sincerely,
Mark Noble