

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030851

1. Entity Name

CK GOLF, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90274 008 ***150.00

Principal Place of Business

Mailing Address

13513 SW 62 ST

13513 SW 62ND ST

2

2

MIAMI FL 33183

MIAMI FL 33183-5085

US

US

HUUU7633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8367 SW 137 Ave

8367 SW 137 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0672477

Applied For

Not Applicable

Zip

33183

Country

Miami-Dade

Zip

33183

Country

Miami-Dade

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

KERR, LINDA C
13513 SW 62 ST
2
MIAMI FL 33183

Name

LINDA C KERR

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

8367 SW 137 Avenue

City

Miami

FL

Zip Code

33183

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 PD ☐ Delete
NAME KERR, CRISTIE
STREET ADDRESS 13513 SW 62ND ST #2
CITY-ST-ZIP MIAMI FL 33183

TITLE ☒ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS 8367 SW 137 Avenue
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME KERR, LINDA C
STREET ADDRESS 13513 SW 62 ST #2
CITY-ST-ZIP MIAMI FL 33183

TITLE ☒ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS 8367 SW 137 Avenue
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA C KERR, 1/13/00

(303)

386-8022
Daytime Phone #

CR2E034 (9/99)