## - 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # May 24, 2000 8:00 am 1. Entity Name Secretary of State 960000878 05-24-2000 90119 001 \*\*\*300.00 Mailing Address 809 N. DIXIE Huy WDB, FL 33401 GOIF Universe 809 N DIRIE Huy HPB, FC 33401 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 105-0727766 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box-Number-is-Not-Acceptable)-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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. President /ceo ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TIT) F 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 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 ichael D Mitchell, MD 9/28/00

P96000087801

CORPORATE DETAIL RECORD SCREEN 1:15 PN 3/01/00

FLD: 10/23/1996 NUM: P96000087801 ST:FL ACTIVE/FL PROFIT

FEI#: 65-0727766

NAME : GOLF UNIVERSE, INC. CHANGED: 04/29/99 PRINCIPAL: 4362 NORTHLAKE BLVD

PALM BCH GARDENS, FL 33410 US ADDRESS

CHANGED: 04/29/99 MAILING: 4362 NORTHLAKE BLVD

ADDRESS 213

PALM BCH GARDENS, FL 33410 US

: PARADISO, DON A P.A. NAME CHG: 04/29/99 RA NAME ADDR CHG: 04/29/99

: 2072 S. MILITARY TRAIL RA ADDR

ST E7 PALM BEACH, FL 33415

: (1997) B 03/19/97 (1998) B 02/09/98 (1999) AY 04/29/99

OFFICER/DIRECTOR DETAIL SCREEN 1:15 PN 3/01/00

CORP NUMBER: P96000087801 CORP NAME: GOLF UNIVERSE, INC.

TITLE: PD NAME: MITCHELL, MICHAEL

3 TENNIS CT RD MAHOPAC, NY 10541