

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001014

1. Entity Name  
CUMBERLAND GOLF, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90005 020 \*\*\*550.00

Principal Place of Business  
14800 CUMBERLAND DRIVE  
DELRAY BEACH FL 33446

Mailing Address  
14800 CUMBERLAND DRIVE  
DELRAY BEACH FL 33446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0717820

Applied For  
Not Applicable

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

BATCHELDER, DRAKE M  
110 SOUTHEAST 6TH ST. 28TH FL  
FORT LAUDERDALE FL 33301

Name Drake Batchelder  
Street Address (P.O. Box Number is Not Acceptable) 350 E Las Olas Blvd  
Suite 7600  
City Ft Lauderdale FL Zip Code 33301

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 Drake M Batchelder

9/5/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME P  
STREET ADDRESS SILBERT, SHELDON  
CITY-ST-ZIP 3760 NW 52ND ST  
BOCA RATON FL 33496

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

TITLE ☒ Delete  
NAME VP  
STREET ADDRESS SCHWARTZ, JOSEPH  
CITY-ST-ZIP 1620 LANDS END RD  
MANALAPAN FL 33462

TITLE ☒ Change ☐ Addition  
NAME VP  
STREET ADDRESS Harry Hochman  
CITY-ST-ZIP 4110 NW 23RD CT  
BOCA RATON FL 33431

TITLE ☐ Delete  
NAME S  
STREET ADDRESS HOCHMAN, HARRY  
CITY-ST-ZIP 4110 NW 23RD CT  
BOCA RATON FL 33431

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS FRIEDMAN, SHELDON  
CITY-ST-ZIP 22467 ARCADIA CT  
BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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  
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:

Drake M Batchelder  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-00

561-499-21

Date

Daytime Phone #

CR2E034 (5/00)