

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90168 035 ***150.00

DOCUMENT # P97000003103**1. Entity Name**
THE GOLF CLUB, INC.**Principal Place of Business**
4741 W. IRLO BRONSON HIGHWAY
KISSIMMEE FL 34746**Mailing Address**
4741 W. IRLO BRONSON HIGHWAY
KISSIMMEE FL 34746**2. Principal Place of Business***same***3. Mailing Address***same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3420014**

Applied For

☒ Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****ZAZA, BRIAN**
4066 BROOKMYRA DRIVE
ORLANDO FL 32837**7. Name and Address of New Registered Agent**

Name

N/A

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

Signature, typed or printed name of registered agent and title if applicable.

BRIAN ZAZA - President

(NOTE: Registered Agent signature required when reinstating)

January 21, 2002

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****P** ☐ Delete
ZAZA, BRIAN
4066 BROOKMYRA DRIVE
ORLANDO FL 32837**V** ☐ Delete
SANTARONI, ANGELO
15-A OVERLEA BLVD
TORONTO ON M4H- 1R4☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
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CITY-ST-ZIP☐ Change ☐ Addition
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**BRIAN ZAZA** *January 21, 2002*

Date

Daytime Phone #

(407) 397-4330

CF2E034 (9/01)