

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013473

1. Entity Name

INTEGRATED GOLF SERVICES OF FLORIDA, INC.

Principal Place of Business

1396 KILLIAN DRIVE  
LAKE PARK FL 33403

Mailing Address

1396 KILLIAN DRIVE  
LAKE PARK FL 33403

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

REGISTER, G. TROY III  
255 ALHAMBRA CIRCLE  
SUITE 550  
CORAL GABLES FL 33134

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

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

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | D                 | <input type="checkbox"/> Delete |
| NAME           | HUNTER, HENRY M   |                                 |
| STREET ADDRESS | P.O. BOX 3767 N/A |                                 |
| CITY-ST-ZIP    | BOZEMAN MT 33134  |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                 |                          |
|----------------|---------------------------------|--------------------------|
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> |
| NAME           |                                 |                          |
| STREET ADDRESS |                                 |                          |
| CITY-ST-ZIP    |                                 |                          |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> |
| NAME           |                                 |                          |
| STREET ADDRESS |                                 |                          |
| CITY-ST-ZIP    |                                 |                          |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> |
| NAME           |                                 |                          |
| STREET ADDRESS |                                 |                          |
| CITY-ST-ZIP    |                                 |                          |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> |
| NAME           |                                 |                          |
| STREET ADDRESS |                                 |                          |
| CITY-ST-ZIP    |                                 |                          |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> |
| 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

Date

Daytime Phone #

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90141 038 \*\*\*150.00

00008063



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required