

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Aug 08, 2000 8:00 am
Secretary of State

07-19-2000 90006 003 ***150.00

DOCUMENT # P97000016397

1. Entity Name
STAND-BY GOLF, INC.

Principal Place of Business
 29233 CROSSLAND DRIVE
 WESLEY CHAPEL FL 33543

Mailing Address
 29233 CROSSLAND DRIVE
 WESLEY CHAPEL FL 33543

2. Principal Place of Business
4815 E. BUSCH BLVD.
 Suite, Apt. #, etc.
SUITE # 208-I

3. Mailing Address
4815 E. BUSCH BLVD.
 Suite, Apt. #, etc.
SUITE # 208-I

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number **59-3428762**

Applied For
 Not Applicable

Zip
33617

Country
HILLSBOROUGH

Zip
33617

Country
HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RADOM, MARK
4815 E. BUSCH BLVD. #208-I
TAMPA FL 33617

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 \$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	P	<input type="checkbox"/> Delete
NAME	RADOM, MARK	
STREET ADDRESS	29233 CROSSLAND DR	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 any other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-00

Date

(813) 899-2665

Daytime Phone

CR21034 (1/99)