

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90132 011 \*\*\*150.00

**DOCUMENT # P97000016410**

1. Entity Name

**JOHNCKE'S INTERNATIONAL GOLF, INC.****A0056258**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2508 25TH COURT JUPITER FL 33477		Mailing Address 2508 25TH COURT JUPITER FL 33418-3575	
2. Principal Place of Business 616 6th Lane Suite, Apt. #, etc.		3. Mailing Address 616 6th Lane Suite, Apt. #, etc.	
City & State Palm Beach Gardens FL		City & State Palm Beach Gardens FL	
Zip 33418	Country USA	Zip 33418	Country USA
4. FEI Number 65-0728684		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNCKE, PETER 2508 25TH COURT JUPITER FL 33477			
7. Name and Address of New Registered Agent Name: Johncke, Peter Street Address (P.O. Box Number is Not Acceptable): 616 6th Lane City: Palm Beach Gardens FL Zip Code: 33418			
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: Peter Johncke / President 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) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P JOHNCKE, PETER 2508 25TH COURT JUPITER FL 33477		Johncke, Peter 616 6th Lane Palm Beach Gardens, FL 33418	
Delete <input type="checkbox"/>		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 file empowered.			
SIGNATURE:		4/25/00 561/385 9084	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	