

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022023

1. Entity Name
ALL-STAR GOLF, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90050 020 ***150.00

Principal Place of Business
9130 RIDGE ROAD
NEW PORT RICHEY FL 34654

Mailing Address
9130 RIDGE ROAD
NEW PORT RICHEY FL 34654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3432329**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PEARSON, PATRICIA L
7225 RED OAK LOOP
NEW PORT RICHEY FL 34654

Name **STEVEN EVERETT**
Street Address (P.O. Box Number is Not Acceptable)
9130 RIDGE RD
City **NEW PORT RICHEY** FL Zip Code **34654**

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 Steven Everett **PRESIDENT** 3/10/01
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **PEARSON, PATRICIA L**
STREET ADDRESS **7225 RED OAK LOOP**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **D.P.S** ☒ Change ☐ Addition
NAME **EVERETT, STEVEN**
STREET ADDRESS **9130 RIDGE RD**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: Steven Everett 3/10/01 727-845-4299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)