

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90189 004 ***150.00

DOCUMENT # P97000041412

1. Entity Name
BRENTWOOD GOLF & ASSOCIATES, INC.



Principal Place of Business
1524 SW 4TH AVE
BOCA RATON FL 33432

Mailing Address
1524 SW 4TH AVE
BOCA RATON FL 33432

2. Principal Place of Business

900 N.E. 3RD AVE

3. Mailing Address

900 N.E. 3RD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

Zip

33432

Country

USA

Zip

33432

Country

USA

4. FEI Number

65-0771751

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MEACHAM, ROBERT C
NATIONS BANK TOWER
ONE FINANCIAL PLAZA SUITE 2602
FT LAUDERDALE FL 33394

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **HORN, DEAN**
STREET ADDRESS **1524 SW 4TH AVE**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **DEAN B. HORN**
STREET ADDRESS **900 N.E. 3RD AVE**
CITY-ST-ZIP **BOCA RATON, FL. 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 supplementary 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 10 or Block 11 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

DEAN B. HORN

Date

4/14/03

Daytime Phone #

954-415-1312

CR2E034 (10/02)