

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056149

1. Entity Name

FONSECA'S GOLF SERVICES, INC.

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90043 049 \*\*\*150.00

Principal Place of Business

2610 SPORTSPLEX DR.  
CORAL SPRINGS FL 33065

Mailing Address

2610 SPORTSPLEX DR.  
CORAL SPRINGS FL 33065-7507

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

12442 NW 10<sup>th</sup> Ct.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33071

Country

BROWARD

4. FEI Number

65-0769430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HART, REBECCA S  
2610 SPORTSPLEX DR.  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Rebecca S. Hart

Street Address (P.O. Box Number is Not Acceptable)

12442 NW 10<sup>th</sup> Ct.

City

Coral Springs

FL

Zip Code

33071

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

Rebecca S. Hart

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-00

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 PT ☐ Delete

NAME FONSECA, TOMAS  
STREET ADDRESS 2610 SPORTSPLEX DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VPS ☐ Delete

NAME HART, REBECCA S  
STREET ADDRESS 2610 SPORTSPLEX DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Add

NAME 12442 NW 10<sup>th</sup> Ct  
STREET ADDRESS Coral Springs, FL 33071  
CITY-ST-ZIP

TITLE ☒ Change ☐ Add

NAME 12442 NW 10<sup>th</sup> Ct  
STREET ADDRESS Coral Springs, FL 33071  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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:

Rebecca S. Hart  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REBECCA S. HART 1-6-00

Date

Daytime Phone #

(954)  
346-8188