2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am § Secretary of State P97000063800 DOCUMENT # 1. Entity Name GOLF HOLLYWOOD!, INC. 03-07-2002 90020 014 ***150.00 Principal Place of Business Mailing Address 8760 S.W. 160 ST 1600 JOHNSON STREET MIAMI FL 33157 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0775861 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEITZEL, ALAN Street Address (P.O. Box Number is Not Acceptable) 8760 SW 160T STREET **MIAMI FL 33157** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE LOTTES, DAVID M NAME NAME 1600 JOHNSON STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE Weitzel, Alan NAME NAME 8760 S.W. 160 ST. STREET ADDRESS STREET ADDRESS **MIAMI FL 33157** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete_ TITLE TITLE_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1241

305-251-7859 Daytime Phone #

Daytime Phone #

FILED