2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P97000063800

1. Entity Name

GOLF HOLLYWOOD!, INC.



FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91174 044 ***150.00

Principal Place of Business 1600 JOHNSON STREET HOLLYWOOD FL 33020 2. Principal Place of Business		Mailing Address 8760 S.W. 160 ST MIAMI FL 33157 US						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FE	hht://hkh1		pplied For lot Applicable	
Zip Country		Zip	Country			¢0.75 AJ	8.75 Additional ee Required	
	6. Name and Address of Curre	nt Registered Agent == >		7 Na	me and Address of New Regist	ered Agent		
			Name					
WEITZEL,	ALAN	0) and Add and (DO)		(0.0.0-	* * * * * * * * * * * * * * * * * * *			
8760 SW	160T STREET		Street Address (P.O. I		Number is Not Acceptable)			
MIAMI FL	33157							
						7:00-1		
			Cíty			FL Zip Coo	16	
	named entity submits this statement tions of registered agent.	for the purpose of changing	its registered office or regi	istered ager	it, or both, in the State of Florida.	I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (No	OTE: Registered Agent signature red	quired when reins	stating)	DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department		I 11.	ADD	Election Campaign Financir Trust Fund Contribution. ITIONS/CHANGES TO OFFICER:	☐ Adde	00 May Be d to Fees	
TITLE	IVD	□ Delete	TITLE	- 7.00	THORIS, OF IT WALLS TO OVE TO EXT	☐ Change	Addition	
NAME	LOTTES, DAVID M	L Delete	NAME			опындо		
STREET ADDRESS	1600 JOHNSON STREET		STREET ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP				ì	
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NAME	WEITZEL, ALAN		NAME					
STREET ADDRESS	8760 S.W. 160 ST.		STREET ADDRESS					
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/0-

305-251-7859

Daytime Phone #

CR2E034 (10)