

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075026

1. Entity Name

MIKE SCHERFFIUS GOLF, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90021 007 ***150.00

Principal Place of Business

Mailing Address

~~1060 RIVER BIRCH ST
 HOLLYWOOD FL 33019~~

~~1060 RIVER BIRCH ST
 HOLLYWOOD FL 33009-7922~~

2. Principal Place of Business

3. Mailing Address

208 THREE ISLANDS BLVD
 Suite, Apt. #, etc.
 105

208 THREE ISLANDS BLVD
 Suite, Apt. #, etc.
 105

City & State

HALLANDALE, FL

City & State

HALLANDALE, FL

4. FEI Number

65-0781314

Applied For

Not Applicable

Zip

33009

Country

Zip

33009

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHERFFIUS, MICHAEL

~~1060 RIVER BIRCH ST.
 HOLLYWOOD FL 33019~~ 208 THREE ISLANDS BLVD #105
 HALLANDALE FL 33009

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.

SIGNATURE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHERFFIUS, MICHAEL	
STREET ADDRESS	1060 RIVER BIRCH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS	208 THREE ISLANDS BLVD #105	
CITY-ST-ZIP	HALLANDALE FL 33009	
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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: Michael Scherffius MICHAEL SCHERFFIUS 1/16/00 (305) 795-236
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #