

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075578  
1. Entity Name  
PARS JUNIOR GOLF, INC.

Principal Place of Business Mailing Address  
201 S.W. 1ST STREET 201 S.W. 1ST STREET  
SUITE 10 SUITE 10  
BOCA RATON FL 33432 BOCA RATON FL 33432

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

4. FEI Number NOT APPLICABLE Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code  
RALSTON, PHYLLIS A  
201 SW 1ST ST, SUITE 10  
BOCA RATON FL 33432

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 \_\_\_\_\_ (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. ☐ FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 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                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS A RALSTON 9-3-01 81-289-9153  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Sep 21, 2001 8:00 am  
Secretary of State

09-21-2001 90006 034 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2034 (5/01)

Attachment  
12200

Attachment  
B0005953

PARS Jr. Golf, Inc.  
201 S.W. 1st St. #10

#P97000075578 Boca Raton, FL 33432

To Whom it May Concern,

Since I received no papers to file my  
business report until today, I am formally  
requesting the State of Florida waive our fee for  
this year.

Please reply ASAP.

Thank You

Phyllis Kallston, Owner

PARS Jr. Golf, Inc.

Tel-367-8457-home

Fax 561-395-1574

Tel - 750-9155-office