

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90038 039 ***150.00

DOCUMENT # P97000083332

1. Entity Name

SYNERGY GOLF DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

2039 MISSION DR
 NAPLES FL 34109
 US

2039 MISSION DR
 NAPLES FL 34109-7108
 US

2. Principal Place of Business

25811 South Bay Drive

3. Mailing Address

26811 South Bay Drive

Suite, Apt. #, etc.

Suite 240

Suite, Apt. #, etc.

Suite 240

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

65-0805970

Applied For

Not Applicable

Zip

34134

Country

U.S.A.

Zip

34134

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CECIL, W J
5801 PELICAN BAY BLVD
STE 300
NAPLES FL 34108

7. Name and Address of New Registered Agent

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIELDS, JAMES J	NAME	Ross, Johannes
STREET ADDRESS	2039 MISSION DRIVE	STREET ADDRESS	Eiserntalstrasse 374
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	D-57080 Siegen-Eisern
			Federal Republic of Germany
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRYSTOPOWICZ, WILLIAM J	NAME	Glas, Konrad
STREET ADDRESS	205 PRESWILK PARK DR	STREET ADDRESS	Seewig 12
CITY-ST-ZIP	NEWNAKS GA 30245	CITY-ST-ZIP	D-82343 Possenhofen
			Federal Republic of Germany
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSINUS, FRANZ J	NAME	Ebenhoeh, Juergen
STREET ADDRESS	25151 PENNYROYAL DRIVE	STREET ADDRESS	1190 Bay Drive
CITY-ST-ZIP	BONITA SPRINGS FL 34134	CITY-ST-ZIP	Sanibel, Florida 33957
TITLE	D <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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____