

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088340

1. Entity Name
S & L GOLF ENTERPRISES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90122 027 ***150.00

Principal Place of Business
~~7100 NORTH MILITARY TRAIL~~
PALM BEACH GARDENS FL 33410

Mailing Address
~~7100 NORTH MILITARY TRAIL~~
PALM BEACH GARDENS FL 33410

2. Principal Place of Business
7700 N. MILITARY TRAIL
Suite, Apt. #, etc.

3. Mailing Address
7700 N. MILITARY TRAIL
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PALM BEACH GARDENS FL
Zip
33410
Country

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4. FEI Number **65-0794946**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SINGER, MICHAEL S ESQ
~~1201 US HIGHWAY ONE STE 240-A~~
~~NORTH PALM BEACH FL 33400~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3801 PGA BLVD., SUITE 802
City **PALM BEACH GARDENS** FL Zip Code **33410**

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's 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, 2001 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTSD SUGARMAN, LAWRENCE 7100 NORTH MILITARY TRAIL PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SOLEM, SCOTT 7100 NORTH MILITARY TRAIL PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	7700 N. MILITARY TRAIL PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	7700 N. MILITARY TRAIL PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lawrence Sugarm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01 (56) 842-7100
Date Daytime Phone #

LAWRENCE SUGARMAN V.P.

CR2E034 (10/00)