

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088691

3D GOLFER, INC.

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

06-05-2000 90015 035 ***150.00

1. Place of Business
1101 Delk Road
Longwood, FL 32779

Mailing Address
1101 Delk Road
Longwood, FL 32779

2. Principal Place of Business
3. Mailing Address
Lynn Cole, Receiver
Suite, Apt. #, etc.
201 N. Franklin St. STE 2556

4. State
City & State
Tampa, FL
Country
Zip
33602
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3512194
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Ferd B. Sebastian, III
101 Delk Rd.
Longwood, FL 32779

7. Name and Address of New Registered Agent
Name
Lynn Cole, Receiver for 3D GOLFER, I
Street Address (P.O. Box Number is Not Acceptable)
201 N. Franklin St., Ste. 2556
One Tampa City Center Bldg.
City
Tampa
FL
Zip Code
33602

8. 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, typed or printed name of registered agent and title if applicable: Lynn Cole, Receiver for 3DGolfer, Inc. DATE April 27, 2000
(NOTE: Registered Agent signature required when reinstating)

9. Corporation is eligible to satisfy its intangible 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST ZIP DCS & CEOT Ferd B. Sebastian, III 1101 Delk Rd. Longwood, FL 32779 <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lynn Cole, Receiver for <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Tampa City Center Bldg. 201 N. Franklin St., Ste. 2556 Tampa, FL 33602 <input type="checkbox"/> Change <input type="checkbox"/> Addition
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Lynn Cole Lynn Cole, Receiver for 3DGolfer 4/27/00 (813) 223-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)