

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092392

1. Entity Name

GOLFER PROPERTIES, INC.

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90216 047 ***150.00

Principal Place of Business

Mailing Address

2435 HOLLYWOOD BLVD
SUITE #204
HOLLYWOOD FL 33020
US

2435 HOLLYWOOD BLVD
SUITE #204
HOLLYWOOD FL 33020-6635
US

2. Principal Place of Business

3. Mailing Address

2514 Hollywood Blvd.

2514 Hollywood Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 508

Suite # 508

City & State

City & State

Hollywood FL

Hollywood FL

Zip

Country

Zip

Country

33020

Broward

33020

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLLAND, FRANK
12865 WEST DIXIE HIGHWAY
SECOND FLOOR
NORTH MIAMI FL 33161

Name
Jewett Schwartz + Assoc.

Street Address (P.O. Box Number is Not Acceptable)

2514 Hollywood Blvd

Suite # 508

City

FL

Zip Code

33020

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
JEWETT, ED
12907 NORTH EAST 7TH AVENUE
NORTH MIAMI FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)