

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019176

1. Entity Name
GOLF HORIZONS, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90102 039 ***158.75

Principal Place of Business
9506 SO RED ROAD
MIAMI FL 33156

Mailing Address
9506 SO RED ROAD
MIAMI FL 33156-2138

2. Principal Place of Business

3. Mailing Address
2062 N.E. 121 ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
N. MIAMI, FL

4. FEI Number 65-0821030

Applied For
Not Applicable

Zip

Country

Zip 33181

Country PADE

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

OESTERLE, DOUGLAS W
9506 SO RED ROAD
MIAMI FL 33156

Name RAPHAEL R. FOGLIA

Street Address (P.O. Box Number is Not Acceptable)
2062 N.E. 121 ROAD

City N. MIAMI FL Zip Code 33181

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 RAPHAEL R. FOGLIA DATE 3/30/2000
(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	OESTERLE, DOUGLAS W	
STREET ADDRESS	9506 SO RED ROAD	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	RAPHAEL R. FOGLIA	
STREET ADDRESS	2062 N.E. 121 RD	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

Daytime Phone #

CR2E034 (9/99)