

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91163 045 \*\*\*150.00

DOCUMENT # P98000050146

1. Entity Name

*Executive Golf Corp.*

Principal Place of Business

Mailing Address

*4151 CORAL TREE CIRCLE #156  
 COCONUT CREEK, FL 33073*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

*65-0845640*

Zip

Country

Zip

Country

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

Name

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

City

**FL**

Zip Code

*Randy W. Weber  
 4151 CORAL TREE CIRCLE #156  
 COCONUT CREEK, FL 33073*

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 re-registering)

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Contribution  
 Trust Fund Contribution: ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>P/D</i>	<input type="checkbox"/> Delete
NAME	<i>Randy W. Weber</i>	
STREET ADDRESS	<i>4151 CORAL TREE CIRCLE #156</i>	
CITY-STATE-ZIP	<i>COCONUT CREEK, FL 33073</i>	
TITLE	<i>V/D</i>	<input type="checkbox"/> Delete
NAME	<i>Michael Bonville</i>	
STREET ADDRESS	<i>11872 S.W. 42 ST. D</i>	
CITY-STATE-ZIP	<i>DAVIE, FL 33320</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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]*

*4/25/02*

CR2E034 (9/01)