

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079492

1. Entity Name

D & L GOLF ENTERPRISES, INC.

Principal Place of Business

Mailing Address

7274 55 AVE E  
BRADENTON FL 34203

7274 55 AVE E  
BRADENTON FL 34203-8002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SACHER, CHARLES P  
2655 LEJEUNE ROAD, STE. 1101  
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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 ☐ **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME DIMARE, SCOTT M  
STREET ADDRESS 6401 GLEN ABBY LANE  
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☒ Change ☐ Add  
NAME SCOTT DIMARE  
STREET ADDRESS 7274 55TH AVE EAST  
CITY-ST-ZIP BRADENTON, FL 34203

TITLE ☐ Delete  
NAME LERSCH, CHARLES  
STREET ADDRESS 6401 GLEN ABBY LANE  
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☒ Change ☐ Add  
NAME CHARLES LERSCH  
STREET ADDRESS 7274 55TH AVE EAST  
CITY-ST-ZIP BRADENTON FL 34203

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles P. Sacher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00  
Date

941-727-2884  
Daytime Phone #

FILED  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90077 027 \*\*\*150.00

C0019224



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0865167 Applied For  
Not Applicable

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