

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080662

1. Entity Name

BEST GOLF COMPANY, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90026 027 ***150.00

Principal Place of Business

206 NW 6TH AVE
HALLANDALE FL 33009

Mailing Address

C/O STEVEN E. SIFF
201 SOUTH BISCAYNE BLVD. #2200
MIAMI FL 33131-4338

2. Principal Place of Business

237 NW 4th Ave

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIFF, STEVEN E
201 SOUTH BISCAYNE BOULEVARD
SUITE 2200
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

ALAN ROSEMAN

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

237 NW 4th Ave

City

Hallandale

FL

Zip Code

33009

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

4/15/00

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

TITLE D
NAME ROSEMAN, ALAN
STREET ADDRESS C/O 201 SOUTH BISCAYNE BLVD. #2200
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 237 NW 4th Ave
CITY-ST-ZIP Hallandale FL 33009 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 #

4/15/00

954 4568088

CR2F034 (9/99)