

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019274

1. Entity Name
GOLF LEGENDS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

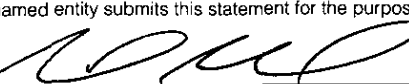
05-01-2000 90024 026 ***150.00

Principal Place of Business Mailing Address
C/O MICHAEL L. TROP C/O MICHAEL L. TROP
200 EAST LAS OLAS BLVD., SUITE 1900 200 EAST LAS OLAS BLVD., SUITE 1900
FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301-2248

2. Principal Place of Business 3. Mailing Address
John L. Gray John L. Gray
Suite, Apt. #, etc. Suite, Apt. #, etc.
7500 N.W. 1st Street, #104 7500 N.W. 1st Street, #104

City & State City & State 4. FEI Number Applied For
Margate, FL Margate, FL 65-0899338 Not Applicable
Zip 33063 Country U.S.A. Zip 33063 Country U.S.A. 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
TROP, MICHAEL L RICHARD A. GIARDINO, ESO.
ATLAS PEARLMAN TROP & BORKSON, P.A. Street Address (P.O. Box Number is Not Acceptable)
200 EAST LAS OLAS BLVD., SUITE 1900 1280 S.W. 36th Ave., Suite 3030
FORT LAUDERDALE FL 33301 Pompano Beach, FL 33069
City FL Zip Code 33069

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  RICHARD A. GIARDINO 4/25/00
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	D, P, S, T,	<input type="checkbox"/> Delete	TITLE	D, P, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John L. Gray		NAME	John L. Gray	
STREET ADDRESS	7500 N.W. 1st Street, #104		STREET ADDRESS	7500 N.W. 1st Street, #104	
CITY-ST-ZIP	Margate, FL 33063		CITY-ST-ZIP	Margate, FL 33063	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ida M. Desch	
STREET ADDRESS			STREET ADDRESS	6930 N. W. 12th Street	
CITY-ST-ZIP			CITY-ST-ZIP	Margate, FL 33063	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  JOHN L. GRAY April 25, 2000 954 9172673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)