

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020311

1. Entity Name

PERFECT GOLF COMPANY

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

05-04-2000 90126 020 ***150.00

950927



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4400 PGA BLVD. STE 505 PALM BEACH GARDENS FL 33410	Mailing Address 4400 PGA BLVD. STE 505 PALM BEACH GARDENS FL 33410-6558
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2. Principal Place of Business 2000 PGA Blvd. Suite, Apt. #, etc. Suite 4410 City & State N. Palm Beach, FL Zip 33408-2738 USA	3. Mailing Address 2000 PGA Blvd. Suite, Apt. #, etc. Suite 4410 City & State N. Palm Beach, FL Zip 33408-2738 USA
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4. FEI Number 65-0925141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HACKNEY, ROBERT C 4400 PGA BLVD, STE 505 PALM BEACH GARDENS FL 33410 N. Palm Beach, FL 33408-2738
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, CLARK 896 SANDALWOOD PL JENSEN BEACH FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DONALD W 4400 PGA BLVD, STE 505 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition XX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKNEY, ROBERT C 4400 PGA BLVD, STE 505 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2000 PGA Blvd., Suite 4410 N. Palm Beach, FL 33408-2738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2000 PGA Blvd., Suite 4410 N. Palm Beach, FL 33408-2738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert C. Hackney 4/28/00 561-627-0677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #