

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036227

1. Entity Name

GOLF MADE SIMPLE, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90079 004 ***150.00

Principal Place of Business

Mailing Address

142-A PLAINVIEW DRIVE
PALM COAST FL 32164

142-A PLAINVIEW DRIVE
PALM COAST FL 32137-2609

2. Principal Place of Business

3. Mailing Address

~~Mailing Address~~ Palm Coast Golf Resort 35 Deerwood St.
Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Palm Coast, FL

Palm Coast, FL

4. FEI Number

59-3571907

Applied For

Not Applicable

Zip

Country

Zip

Country

32137 USA

32137 USA

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

SOLOMON, MARC
142-A PLAINVIEW DRIVE
PALM COAST FL 32164

Name Marc Solomon
Street Address (P.O. Box Number is Not Acceptable)
35 Deerwood St.

City Palm Coast FL Zip Code 32137

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 M Solomon Owner

05/24/2000

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 ☐ Delete
NAME SOLOMON, MARC
STREET ADDRESS 142-A PLAINVIEW DRIVE
CITY-ST-ZIP PALM COAST FL 32164

TITLE D-Marc Solomon ☒ Change ☐ Addition
NAME Marc Solomon
STREET ADDRESS 35 Deerwood St.
CITY-ST-ZIP Palm Coast, FL 32137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: M Solomon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/24/2000 904 503 7227
Date Daytime Phone #

CR2E034 (9/99)