

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036395

1. Entity Name

A.G.S. GOLF SPECIALTY TOURS, INC.

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

04-07-2000 90088 025 ***150.00

Principal Place of Business

Mailing Address

4134 GULF OF MEXICO DR., STE. 302
LONGBOAT-KEY FL 34228

4134 GULF OF MEXICO DR., STE. 302
LONGBOAT KEY FL 34228-2614

2. Principal Place of Business

1825 E Sunrise Blvd

3. Mailing Address

1825 E Sunrise Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUD FL

City & State

FT LAUD FL

4. FEI Number

65-0924864

Applied For

Not Applicable

Zip

33404

Country

Zip

33404

Country

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

STANLEY, ADRIAN G

4134 GULF OF MEXICO DR., STE. 302
LONGBOAT KEY FL 34228

Name

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

1825 E Sunrise Blvd

City

FT LAUD FL

FL

Zip Code

33404

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
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 STANLEY, ADRIAN G
STREET ADDRESS 4134 GULF OF MEXICO DR., STE. 302
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE ☐ Change ☐ Addition
NAME 609 SW 12 CT
STREET ADDRESS FT LAUD FL 33315
CITY-ST-ZIP

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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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(f), 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 #

CR2E034 (9/99)