2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2000 8:00 am DOCUMENT # **P99000039894 Secretary of State** PROGRESSIVE GOLF SERVICES, INC. 02-07-2000 90005 028 ***150.00 Mailing Address Principal Place of Business 2411 24TH LANE 2411 24TH LANE GREENACRES FL 33463-4263 GREENACRES FL 33463 2. Principal Place of Business 3. Mailing Address /o Stahl & Associates Suite, Apt. #, etc. 138 North Swinton Avenue DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0915278 Delray Beach, FL Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required <u>u.</u>s. 33444 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOEDEREIS, STEVEN Street Address (P.O. Box Number is Not Acceptable) 2411 24TH LANE **GREENACRES FL 33463** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **PSTD** ☐ Change ☐ Addition ☐ Delete TITI E TITLE **GOEDEREIS, STEVEN** NAME NAME STREET ADDRESS STREET ADDRESS 2411 24TH LANE CITY-ST-ZIP CITY-ST-ZIP **GREENACRES FL 33463** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE

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 an address, with all other

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #