

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000039894**

1. Entity Name

PROGRESSIVE GOLF SERVICES, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90097 003 ***150.00

0313002

Principal Place of Business

**2411 24TH LANE
GREENACRES FL 33463**

Mailing Address

**C/O STAHL & ASSOCIATES
138 N SWINTON AVE
DELRAY BEACH FL 33444**

975798



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

901 HARBOUR POINT WAY

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

4. FEI Number **65-0915278**

Applied For

Not Applicable

Zip

Country

Zip

Country

33413**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

**GOEDEREIS, STEVEN
2411 24TH LANE
GREENACRES FL 33463**Name
STEVEN GOEDEREISStreet Address (P.O. Box Number is Not Acceptable)
901 HARBOUR POINT WAYCity
WEST PALM BEACH**FL**Zip Code
33413

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
GOEDEREIS, STEVEN
2411 24TH LANE
GREENACRES FL 33463** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
GOEDEREIS, STEVEN
901 HARBOUR POINT WAY
WEST PALM BEACH, FL 33463** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Steven L. Goedereis **STEVEN GOEDEREIS, PRESIDENT**

4/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)