2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900050437

GOLF SUPPLY SUPERSTORE, INC.

Principal Place of Business 1491 GOLFVIEW DRIVE, EAST PEMBROKE PINES FL 33026

Mailing Address

1491 GOLFVIEW DRIVE, EAST PEMBROKE PINES FL 33026

FILED Apr 25, 2001 8:00 am Secretary of State

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SPONDER, STEVEN M 1491 GOLPVIEW DRIVE, EAST PEMBROKE PINES FL 33026 8. The above named certily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 1. This corporation is shigible to satisfy to integrable to back by the Book of	City & State)		City & State			4. F	El Number 65-0924636	•	<u> </u>		
SPONDER, STEVEN M 1491 GOLFVIEW DRIVE, EAST PEMBROKE PINES FL 33026 8. The above named entity such its statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. SIGNATURE Signature trade or or rend raine of registered agent and literal speciation. Name (Registered Agency Registered agent, or both, in this State of Florida. SIGNATURE Signature trade or or rend raine of registered agent and literal speciation. Name (Registered Agency Registered agent, or both, in this State of Florida. SIGNATURE Signature trade or or rend raine of registered agent and literal speciation. Name FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be SS50.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SPONDER, STEVEN M 1491 GOLFVIEW DRIVE, EAST PEMBROKE PINES FL 33028 1101 Floridon Campaign Financing Trust Fund Contribution. STRETA ADDIESS OTY-51-2P TITLE NAME STRETA ADDIESS OTY-51-2P TITLE NAME STRETA ADDIESS OTY-51-2P Delete TITLE NAME STRETA ADDIESS OTY-51-2P TO Delete TITLE NAME STRETA ADDIESS OTY-51-2P TO Delete TITLE NAME STRETA ADDIESS OTY-51-2P TO Delete TITLE NAME STRETA ADDIESS OTY-51-2P	Zip		Country	Zip		Country					8.75 Additional	
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1491 GOLFVIEW DRIVE, EAST PEMBROKE PINES FL 33028 Signature, beside presented agent of sequenced agent broad fact if segislated agent sprawer required when revisiting requirement and elected to go on After MAY 1, 2001. Fee will be \$550,000 Make Check Payable to Department of State 11.				0		Name		. .				
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, beard or printed name of registered deports and size dispiration. CATE	1491 GOLFVIEW DRIVE, EAST						Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE Signat	PEMI	BRUNE PII	NES FL 33020			City			FL	Zip Code)	
SIGNATURE Signat	8. The above	named entit	y submits this statement for	the purpose of changing it	ts registere	ed office or real	stered ag	ent, or both, in the State of Florid	a.			
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET AD			,		J	·			1	1821	\	
S. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Deficiency Department of State Department of	SIGNATURE.							(KI Y	o o e) 	
After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State		Signature, typed	or printed name of registered agent a	nd title if applicable. (NC	OTE: Registere	d Agent signature req	uired when re	einstating)	DATE			
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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 prostee 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