## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

## Aug 28, 2000 8:00 am Secretary of State DOCUMENT # P99000052634 1. Entity Name THE FOUR TEES INVESTMENT GROUP, INC. 08-28-2000 90036 025 \*\*\*550.00 Principal Place of Business Mailing Address 6560 S.W. 8TH STREET 6560 S.W. 8TH STREET บบบบรบ∾∨ NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Country Zip Country \$8.75-Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUTTS, TOMMIE B JR. Street Address (P.O. Box Number is Not Acceptable) 6560 S.W. 8TH STREET NORTH LAUDERDALE FL 33068 City Zip Code 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 \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS 12 11. CR2E034 (5/00) **PSTD** TITLE Addition ☐ Delete TITLE BUTTS, TOMMIE B JR. NAME NAME STREET ADDRESS STREET ADDRESS 6560 S.W. 8TH STREET CITY-ST-ZIP C/TY-ST-7IP NORTH LAUDERDALE FL 33068 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Detete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an efficer 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 in Block 12

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