

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052976

1. Entity Name

LOVIN GOLF, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90001 017 ***150.00

Principal Place of Business

Mailing Address

12769 W. FOREST HILL BLVD.,STE.E
WELLINGTON FL 33414

12769 W. FOREST HILL BLVD.,STE.E
WELLINGTON FL 33414-4759

2. Principal Place of Business

12773 W. Forest Hill

3. Mailing Address

12773 W. Forest Hill

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1201

1201

City & State

WELLINGTON FL

City & State

WELLINGTON FL

4. FEI Number

65-0931014

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

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

PORRO, HILDA M
12769 W. FOREST HILL BLVD.,STE.E
WELLINGTON FL 33414

Name

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

12773 W. Forest Hill Blvd., Suite 1201

City

Wellington

FL

Zip Code

33414

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-7-00

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 ☐ Delete
NAME D / Pres / Sec / TREAS
STREET ADDRESS BOWLES, BRIAN J
CITY-ST-ZIP 12769 W. FOREST HILL BLVD.,STE.E
WELLINGTON FL 33414

TITLE ☒ Change ☐ Addition
NAME 12773 W. Forest Hill STE 1201
STREET ADDRESS WELLINGTON FL 33414
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 ☐ 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)(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN Bowles

Date

1/7/00 (561) 790-6733

Daytime Phone #