

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED
Pg. 1 of 2

00 AUG 10 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Entity Name
PROBEN GOLF, INC.

Principal Place of Business

6149 RALEIGH ST
STE #1219
ORLANDO, FL 32835

Mailing Address

P.O. BOX 826
WINDERMERE, FL
34786-0826

2. Principal Place of Business

6149 RALEIGH ST.

3. Mailing Address

P.O. BOX 826

Suite, Apt. #, etc.

1219

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

WINDERMERE, FL

Zip

32835

Country

ORANGE

Zip

34786-0826

Country

ORANGE

4. FEI Number

59-3588735

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS PROBEN
6149 RALEIGH ST.
#1219
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
THOMAS PROBEN
6149 RALEIGH ST. #1219
ORLANDO, FL 32835

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07 AUG '00 407/523-2940
Date Daytime Phone #

CR2E034 (9/99)

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Divisions of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500
Ph.# 850/487-6059

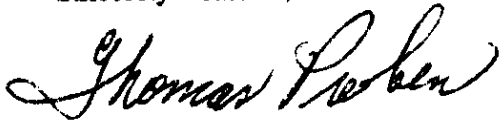
Thomas Proben
Proben Golf, Inc.
P.O. Box 826
Windermere, FL 34786-0826
Ph.# 407/523-2940

TO WHOM IT MAY CONCERN:

I, Thomas Proben and Proben Golf, Inc. have physically relocated to: 6149 Raleigh Street, Ste.# 1219, Orlando, FL 32835. I do not receive mail at 6430 Metrowest Blvd., Ste.# 501, Orlando, FL 32835, since 1999 when the P.O. Box was purchased.

Hence, the Uniform Business Report was brought to my attention today, 13 June 2000. Thus, I immediately called and mailed my payment enclosed. In the meantime, I remain

Sincerely Grateful,



Thomas Proben