

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90734 003 ***150.00

DOCUMENT # P99000059544

1. Entity Name

E & G GOLF CONSULTING, INC.

Principal Place of Business

**4411 BEACON CIRCLE
 SUITE 1-A
 WEST PALM BEACH FL 33407**

Mailing Address

**4411 BEACON CIRCLE
 SUITE 1-A
 WEST PALM BEACH FL 33407**

00140140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

205 WORTH AVENUE

3. Mailing Address

205 WORTH AVENUE

Suite, Apt. #, etc.

307C

Suite, Apt. #, etc.

307C

City & State

PALM BEACH FL

City & State

PALM BEACH FL

4. FEI Number

65-0948576

Applied For

Not Applicable

Zip

33480

Country

PALM BEACH

Zip

33480

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRIAN, PHILIPPE J
 4411 BEACON CIRCLE
 STE 1-A
 WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name **PHILIPPE J. BRIAN**

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

205 WORTH AVENUE SUITE 307C

City

PALM BEACH

FL

Zip Code **33480**

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

Philippe J. Brian

04-26-02

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, 2002 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 **DPT** ☐ Delete
 NAME **BUYUK, GUROL DR.**
 STREET ADDRESS **8923 IBIS LAKE BOULEVARD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **S** ☐ Delete
 NAME **BRIAN, PHILIPPE J**
 STREET ADDRESS **4411 BEACON CIRCLE, STE 1-A**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **S** ☒ Change ☐ Addition
 NAME **PHILIPPE J. BRIAN**
 STREET ADDRESS **205 WORTH AVENUE, SUITE 307C**
 CITY-ST-ZIP **PALM BEACH FL 33480**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Philippe J. Brian
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-02

Date

Daytime Phone #

(561)

President 855-1111

CR2E034 (9/01)