

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064756

1. Entity Name

IMPACT GOLF WORLDWIDE, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90051 041 ***150.00

Principal Place of Business

Mailing Address

~~8045 VIA FIORE~~
~~SARASOTA FL 34238~~

~~8045 VIA FIORE~~
~~SARASOTA FL 34238-5500~~

2. Principal Place of Business

11340 RIVERS BLUFF Circle

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

BRADENTON

City & State

BRADENTON

Zip

34202

Country

UNITED STATES

Zip

34202

Country

UNITED STATES

4. FEI Number

59-3595961

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

SOTO, FREDERICK E. SR.
8045 VIA FIORE
SARASOTA FL 34238

Name

Robert K. Norton

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

11340 RIVERS BLUFF Circle

City

BRADENTON
Sarasota

FL

Zip Code

34202

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 Frederick E. Soto Sr.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when forming)

DATE

1/20/00

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 **D** ☒ Delete
NAME **SOTO, FREDERICK E SR.**
STREET ADDRESS **8045 VIA FIORE**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** ☐ Delete
NAME **NORTON, ROBERT K**
STREET ADDRESS **11340 RIVER BLUFF CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34202**

TITLE **D** ☒ Delete
NAME **HAWES, JACK**
STREET ADDRESS **8005 VIA FIORE**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** ☐ Delete
NAME **ANTONIOUS, ANTHONY**
STREET ADDRESS **7738 CALLE FACIL**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ Change ☒ Addition
NAME **ROBERT M. BURRIS**
STREET ADDRESS **4264 CENTRAL SARASOTA PKWY. #117**
CITY-ST-ZIP **SARASOTA FL 34238**

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

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

TITLE ☐ Change ☐ Addition
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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: Frederick E. Soto Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 922-3259