

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 19, 2000 8:00 am
Secretary of State

04-26-2000 90169 046 ***150.00

DOCUMENT # P99000066500

1. Entity Name
SGA GOLF CORP.

Principal Place of Business Mailing Address
854 CHAMPION DR. NORTH EAST **854 CHAMPION DR. NORTH EAST**
PALM BAY FL 32905 **PALM BAY FL 32905-4456**

2. Principal Place of Business 3. Mailing Address
6 Country Club Lane **6 Country Club Ln**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Mulberry FL **Mulberry, FL** **59-3591153** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33860 **USA** **33860** **USA** **Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

PEPE, PETER
854 CHAMPION DR. NORTH EAST
PALM BAY FL 32905

Name
 Street Address (P.O. Box Number is Not Acceptable)
6 Country Club Lane
 City State Zip Code
Mulberry **FL** **33860**

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 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PETER PEPE 854 CHAMPION DR. N.E. PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. SEC. JOHN AIANI 1496 SEPTER CT. PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Date: **4/11/00** Daytime Phone #: **(863)425-4571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)