

2000 UNIFORM BUSINESS REPORT (UBR)

5/13.

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-13-2000 90039 025 ***150.00

DOCUMENT # P99000083336

1. Entity Name

GRIP STRIP GOLF EQUIPMENT, INC.

R

Principal Place of Business

200 SOUTH BISCAYNE BLVD.
SUITE 4600
MIAMI FL 33131-2310

Mailing Address

200 SOUTH BISCAYNE BLVD.
SUITE 4600
MIAMI FL 33131-2303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

SIROTA, GEORGE G
200 SOUTH BISCAYNE BLVD.
SUITE 4600
MIAMI FL 33131-2310

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DAUSEY, DANIEL	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD. SUITE 4600	
CITY-ST-ZIP	MIAMI FL 33131-2310	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAUSEY, MARIE T	
STREET ADDRESS	15405 MIAMI LAKEWAY N. #208	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIROTA, GEORGE G	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD. SUITE 4600	
CITY-ST-ZIP	MIAMI FL 33131-2310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George G Sirota

Date

Daytime Phone #

04/28/00 (205)373-1995

CR2E034 (9/99)

DOC # P990000 83336

306948

SS-4

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

December 1995)

U.S. Treasury

Keep a copy for your records.

1 Name of applicant (Legal name) (See instructions.) Grip Strip Golf Equipment, Inc.		3 Executor, trustee, "care of" name N/A	
2 Trade name of business (if different from name on line 1)		5a Business address (if different from address on lines 4a and 4b) Same as above	
4a Mailing address (street address) (room, apt., or suite no.) 200 South Biscayne Blvd. #4600		5b City, state, and ZIP code Same as above	
4b City, state, and ZIP code Miami, FL 33131		5b City, state, and ZIP code Same as above	
6 County and state where principal business is located Dade - County			
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) George G. Sirota, SS# 261-90-0195, DOB February 7, 1955			
Type of entity (Check only one box.) (See instructions.)			
<input type="checkbox"/> Sole proprietor (SSN)		<input type="checkbox"/> Estate (SSN of decedent)	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator-SSN	
<input type="checkbox"/> REMIC		<input checked="" type="checkbox"/> Other corporation (specify) ▶	
<input type="checkbox"/> State/local government		<input type="checkbox"/> Trust	
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> Federal Government/military	
<input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Farmers cooperative	
<input type="checkbox"/> Limited liability co.		<input type="checkbox"/> Church or church-controlled organization	
<input type="checkbox"/> National Guard		(enter GEN. if applicable)	
If a corporation, name the state or foreign country (if applicable) where incorporated		State Florida	
		Foreign country	
Reason for applying (Check only one box.)			
<input checked="" type="checkbox"/> Started new business (specify) ▶		<input type="checkbox"/> Banking purpose (specify) ▶	
		<input type="checkbox"/> Changed type of organization (specify) ▶	
<input type="checkbox"/> Hired employees		<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Created a pension plan (specify type) ▶		<input type="checkbox"/> Created a trust (specify) ▶	
		<input type="checkbox"/> Other (specify) ▶	
Date business started or acquired (Mo., day, year) (See instructions.) September 21, 1999		11 Closing month of accounting year (See instructions.) December	
First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ December 2001			
Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) ▶		Nonagricultural 0	Agricultural 0
Principal activity (See instructions.) ▶ sale of golf equipment		Household	
Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," principal product and raw material used ▶			
To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> N/A			
Has the applicant ever applied for an identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Note: If "Yes," please complete lines 17b and 17c.			
If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.			
Legal name ▶		Trade name ▶	
Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.			
Approximate date when filed (Mo., day, year) Miami, FL		Previous EIN 65 0691245	
Business telephone number (include area code) (305) 373-1995		Fax telephone number (include area code) (305) 373-5747	
and title (Please type or print clearly.) George G. Sirota, Director			
Date ▶ 06/19/2000			
Note: Do not write below this line. For official use only.			
leave	Geo.	Ind.	Class
			Size
Reason for applying			