

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088296

1. Entity Name

SUN QUEST GOLF MANAGEMENT, INC.

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90095 038 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O JOHN BOYD  
2115 S.E. OCEAN BLVD. #320  
STUART FL 34996

C/O JOHN BOYD  
2115 S.E. OCEAN BLVD. #320  
STUART FL 34996-3305

2. Principal Place of Business

2247 PALM BEACH LAKES BLVD.

3. Mailing Address

2247 PALM BEACH LAKES BLVD.

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

SUITE 204

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

Country

Zip

Country

4. FEI Number

65-0955691

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

MACKEY, WALTER J JR.  
2247 PALM BEACH LAKES BOULEVARD  
SUITE 204  
WEST PALM BEACH FL 34409

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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

WALTER J. MACKEY, JR., PRESIDENT

4/26/00

561-684-8811

Date

Daytime Phone #

CR2E034 (9/99)