

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089916

1. Entity Name

NAME IT GOLF, INC.

(R)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90010 029 ***150.00

Principal Place of Business

8930 ST. RD. 84. BOX 224
DAVIE FL 33324

Mailing Address

8930 ST. RD. 84. BOX 224
DAVIE FL 33324

2. Principal Place of Business

5617 N.W. 84th Terrace

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarac, Florida

City & State

4. FEI Number

65-0999569

Applied For

Not Applicable

Zip

33351

Country

U.S.A.

Zip

33351

Country

Broward

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
PRESIDENT
WARREN DRUCKER
10310 N.W. 10th Court
PLANTATION, FLORIDA 33322

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/00

954-724-0089

Date

Daytime Phone #

CR2E034 (5/00)

attachment # 999000089916
DW76965

Name it Golf, Inc.
5617 N. W. 84th Terrace
Tamarac, Florida 33351
July 31, 2000

Department of State
Division of Corporations
Uniform Business Reports
P. O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Sir,

Enclosed please find the year 2000 Uniform business report, with our check in the amount of \$150.00.

I am requesting that you waive the extra charges due to the fact that I never received the first request. I can only attribute this to the fact that I moved.

Very truly yours,



WARREN DRUCKER
President