

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90118 026 ***150.00

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DOCUMENT # P99000090989

1. Entity Name
INTERACTIVE GOLF, INC.



Principal Place of Business
**1103 BAHAMA BEND
COCONUT CREEK FL 33066**

Mailing Address
**1103 BAHAMA BEND
COCONUT CREEK FL 33066**



2. Principal Place of Business
1103 BAHAMA BEND
Suite, Apt. #, etc.
Suite B-2
City & State
Coconut Creek, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0955007**

Applied For
Not Applicable

Zip **33066** Country **Broward**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
SIEGEL, JEFF P
1103 BAHAMA BEND
COCONUT CREEK FL 33066** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
SHERMAN, JAN M
22260 FESTIVAL WAY
BOCA RATON FL 33428** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 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

7/20/03

Date

President

Daytime Phone #

CR2E034 (4/03)

Attachment

08-03-03

~~80136722~~
~~P990000890989~~

To Whom It may Concern:

My co-operation, Interactive Golf;
never received the first notice. I
do not believe you had the correct
address, since the suite number (B-2)
was not included.

Enclosed is \$150.00 to cover
the fee.

Your co-operation in this matter
is appreciated

Sincerely,

Jeff Siegel

President