

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90098 047 ***150.00

DOCUMENT # P99000104787

1. Entity Name

BACKYARD GOLF, INC.

Principal Place of Business

Mailing Address

10374 BOCA ENTRADA BLVD #122
 BOCA RATON FL 33428

10374 BOCA ENTRADA BLVD #122
 BOCA RATON FL 33428

21097 VIA EDEN
 BOCA RATON, FL 33433

21097 VIA EDEN
 BOCA RATON, FL 33433

2. Principal Place of Business
 21097 VIA EDEN, BOCA RATON, FL 33433

3. Mailing Address
 21097 VIA EDEN, BOCA RATON, FL 33433

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33433

Country

PALESTINE

Zip

33433

Country

PALESTINE

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

DENMAN, JAMES B
2400 E COMMERCIAL BLVD STE 208
FT LAUDERDALE FL 33308

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

2-18-2000

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

D
VAN ANTWERP, HENRY J
10374 BOCA ENTRADA BLVD #122
BOCA RATON FL 33428

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

D, P
VAN ANTWERP, HENRY J
21097 VIA EDEN
BOCA RATON, FL 33433

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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

Date

Daytime Phone #

PRESIDENT

02/10/00

(561) 488 1042

CR2E034 (9/99)