

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S34010

1. Entity Name

DEANE BEMAN GOLF ENTERPRISES, INC. ✓

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90044 043 ***558.75

Principal Place of Business

8106 7 MILE DR
PONTE VEDRA BEACH FL 32082
US

Mailing Address

8106 7 MILE DR
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business

255 DEER HAVEN DR

Suite, Apt. #, etc.

3. Mailing Address

255 DEER HAVEN DR

Suite, Apt. #, etc.

City & State

Ponte Vedra Fla

City & State

Ponte Vedra Fla

Zip

32082

Country

USA

Zip

32082

Country

4. FEI Number

59-3069648

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BEMAN, JUDITH N.
117 CARRIAGE LAMP WAY
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name BEMAN, JUDITH N.

Street Address (P.O. Box Number is Not Acceptable)

255 DEER HAVEN DR

City Ponte Vedra

FL

Zip Code

32082

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

Deane R. Beman

DEANE R. BEMAN - President

7/20/00

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

TITLE DP
NAME BEMAN, DEANE ☒ Delete
STREET ADDRESS 117 CARRIAGE LAMP WAY
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE DV
NAME BEMAN, JUDITH N. ☒ Delete
STREET ADDRESS 117 CARRIAGE LAMP WAY
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Change ☐ Addition
NAME BEMAN, DEANE
STREET ADDRESS 255 DEER HAVEN DR.
CITY-ST-ZIP Ponte Vedra Fla 32082

TITLE DV ☐ Change ☐ Addition
NAME BEMAN, JUDITH N.
STREET ADDRESS 255 DEER HAVEN DR
CITY-ST-ZIP PONTE VEDRA Fla 32082

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

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

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

TITLE ☐ Change ☐ 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:

Deane R. Beman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

7/20/00

904 285 3328

Date

Daytime Phone #