## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF

## FILED DOCUMENT # F93000002396 Mar 07, 2000 8:00 am Secretary of State INDEPENDENT GOLF RESEARCH CORPORATION 03-07-2000 90069 047 \*\*\*150.00 Mailing Address Principal Place of Business 1310 RANCH ROAD 620 S. 1310 RANCH ROAD 620 S SUITE B-1 SUITE B-1 AUSTIN TX 78734-6344 AUSTIN TX 78734 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 74-2458068 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEER, JERALD S Street Address (P.O. Box Number is Not Acceptable) C/O BOOSE, CAREY, CIKLIN, ET AL 515 NORTH FLAGLER DRIVE, 18TH FLOOR WEST PALM BEACH FL 33401 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. VΡ ☐ Addition ☐ Delete TITLE TITLE PELZ. DAVE NAME NAME STREET ADDRESS 1310 RANCH RD. 620 S. STE B-1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AUSTIN TX** Change ☐ Addition TITLE PSD □ Delete TITLE PELZ, JOANN NAME NAME STREET ADDRESS STREET ADDRESS 1310 RANCH RD. 620 S. STE B-1 CITY-ST-ZIP CITY-ST-ZIP **AUSTIN TX** ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Change TITLE Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 appears, with all other like empowered.