

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90181 029 ***150.00

DOCUMENT # P37518

1. Entity Name
CALGOLF, INC.

Principal Place of Business Mailing Address
SOUTH PARK STREET 55 SOUTH PARK STREET
APT NJ 07042 MONTCLAIR NJ 07042-2717



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **22-2266695** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MORRISON, RICHARD W.
LEONARD & MORRISON, ATTORNEYS AT LAW
4875 NORTH FEDERAL HIGHWAY, 10TH FLOOR
FORT LAUDERDALE FL 33308

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 _____ (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 \$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

TITLE	CP	<input type="checkbox"/> Delete
NAME	JONES, REES	
STREET ADDRESS	10 BELLECLAIRE PLACE	
CITY-ST-ZIP	MONTCLAIR NJ	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JONES, SUSAN	
STREET ADDRESS	10 BELLECLAIRE PLACE	
CITY-ST-ZIP	MONTCLAIR NJ	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCDONOUGH, CATHY	
STREET ADDRESS	119 COLEMAN AVENUE	
CITY-ST-ZIP	CHATHAM NJ	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEISSER, STEVEN	
STREET ADDRESS	55 SOUTH PARK ST	
CITY-ST-ZIP	MONTCLAIR FL 07042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Cathy McDonough **REQUIRED Treasurer** 1/10/00 973-744-4031
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Cathy McDonough

CR2E034 (9/99)