2000 UNIFORM BUSINESS REPORT (UBR) 4/(FILED DOCUMENT # P97000074205 Sep 20, 2000 8:00 am Secretary of State 1. Entity Name SIGNATURE GOLF COMPANY 04-06-2000 90026 018 ***150.00 09-20-2000 90003 029 ***400.00 Principal Place of Business Mailing Address 22 SUNNINGDALE DR. 22 SUNNINGDALE DR. GROSSE POINTE MI 48236 GROSSE POINTE MI 48236-1662 R0107255 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 APPLIED FOR Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ORR. BRUCE Street Address (P.O. Box Number is Not Acceptable) 303 OCALA ROAD **BELLAIRE FL 33756** Zip Code City FL 6. 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ĎΡ Change Delete TITLE TITLE WALLRICH, WAYNE T NAME NAME STREET ADDRESS 22 SUNNINGDALE DR. STREET ADORESS CITY-ST-ZIP CITY-51-ZIP **GROSSE POINTE MI 48236** ☐ Change ☐ Addition Delete TITLE TITLE CUBBA, PETER J NAME NAME 22 SUNNINGDALE DR. STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP **GROSSE POINTE MI 48236** Change Addition TITLE MILE Delete NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Addition Change Detete MLE 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 13. I hereby certify that the information supplied with this liling 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 receiverer 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 of the corporation or the receiver changed, or on an attachment w

SIGNATURE:

attachment # P97000074205 BO107255

Form	SS-4	Application for Employer Identification Number								
(Rev. February 1998)		(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)				OMB No. 1545-0003				
Department of the Treasury Internal Revenue Service		Keep a copy for your records.						CHID 110: 12-		
1 Name of applicant (legal name) (see instructions)										
	SIGNATURE: GOIF COMPANY									
A Page 1	2 Trade name of b	usiness (if different from name o	n line 1)	3 Executor, t	rustee, "Care o	l" name,	: •			
Dunt	4a Mailing address (street address) from apt., or suite no.) 5a Business address (if different from address on lines 4a and								nd 4b)	
5		GRAFE DRIVE		Eh City state	and 71P code					
2	4b City, state, and ZIP code 5b City, state, and ZIP code									
ag.	CROSSE PRINTE SHORES, MI 48236									
Mbase	6 County and state where principal business is located CLAYNE, MICHIERN									
₽-	COLL or File was to a manufacture instructional by									
	Name of principal officer, general partner, grantor, owner, or trustor—SSN or Tilly may be required (see insulations). WHYNE T. WALLRICH									
Sa Type of entity (Check only one box.) (see instructions)										
	Caution: If applicant is a limited liability company, see the instructions for line 8a.									
	Sole proprietor (SSN) Estate (SSN of decedent)									
	Partnership Personal service corp. Plan administrator (SSN)									
	REMIC National Guard Other corporation (specify)									
	State/local government Farmers' cooperative Trust									
	Church or church-controlled organization									
	☐ Other nonprofit organization (specify) ▶									
	Other (specify)					Foreign	countr			
48	(if applicable) where	me the state or foreign country incorporated	State	LORIDA	,			, _		
	Reason for applying (Check only one box) (see instructions) Banking purpose (specify purpose) Changed type of organization (specify new type)									
_										
	LORBORA	TON	D P	unchased going	business .					
	Hired employees (Check the box and see line 12.)									
10	☐ Created a pension plan (specify type) ► Data business started or acquired (month; day, year) (see instructions) 11 Closing month of accounting year (see instructions)									
, 2	0/7647									
12	First date wages or annulties were paid or will be paid (month, day, year). Note: if applicant is a withholding agent, enter date income will									
12	first be paid to nonresidem alien. (month, day, year)									
13	Highest number of expect to have any	employees expected in the next employees during the period. e	12 months. N Inter -0 (see	lote: If the appl instructions)	icant does not	Nonegric		Agricultural	Household	
14	Principal activity (se			· · · · · · · · · · · · · · · · · · ·						
15		iness ectivity manufacturing? .						. 🗆 Yes	📈 No	
10	If "Yes," principal p	roduct and raw material used P	<u> </u>						<u> </u>	
18	To whom are most of the products or services sold? Please check one box. □ Business (wholasale) □ N/A								□ N/A	
170	No									
17b	If you chacked "Yes" on the 17s, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.									
	Legal name			Trace name		niover inco	ntficati	on number if i	UIOWII.	
170	Approximate date with Approximate date with	when and city and state where t en filed (mo., dey, year) City and st	ats where fied	n was med. cm	E bresions cur	,	Préviou	S EIN	:	
and a secondaria of the second								Deplican interphone member (instace area sole)		
Ungs: perignes, of perjury, I decise that I have examined the approach of with the control of th										
	WAYNET. WALLEIOH							Fax telaphone sumbet (include area code)		
1										
Name and title (Pleasegype or print elearly.)										
Date + 911/00										
Signature A Litturn Morte: Do not write below this line. For official use only.										
_	Geo.	Ind.		Cless		20	Reason	i for applying		
	5926 (69AR			1	أ					
1012	nk ►	ing Act Medica See Dags 4		Car. N	to. 18055N			Form 5	5-4 (Rev. 2-98)	

Cat. No. 18055N

For Paperwork Reduction Act Notice, see page 4.

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