

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90070 041 ****61.25

DOCUMENT # 705901

1. Entity Name

SOLUTIA GOLF ASSOCIATION, INC.

Principal Place of Business

**CHEMSTRAND RD
 GONZALEZ FL**

Mailing Address

**P O BOX 1087
 GONZALEZ FL 32560
 US**

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

59-2150685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHN H CHILDS, JR
 2365 OLD CHEMSTRAND RD
 GONZALEZ FL 32560**

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

[Signature] **Director of Golf & Operations**

1-17-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLY, JERRY 590TELERAN ST PENSACOLA FL 32534	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAPATKA, PETE 2055 HAMILTON CROSSING DR CANTONMENT FL 32533	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HECHT, STEVE 11507 THOUSAND OAKS DRIVE PENSACOLA FL 32514	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOUST, DOUG 5204 ROWE TRAIL PACE FL 32571	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mims, Billy 2340 Hwy 97 Molino FL 32577	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Parker, Rob 2788 Honeywood Dr Pensacola FL 32514	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)