

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-24-2002 90386 046 ****61.25

DOCUMENT # 705901

1. Entity Name

SOLUTIA GOLF ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**CHEMSTRAND RD
 GONZALEZ FL**

**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

7. Name and Address of New Registered Agent

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

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

Director of Golf Operations

3-8-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD**
 NAME **KELLY, JERRY** ☒ Delete
 STREET ADDRESS **590TELERAN ST**
 CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Hiram Hood**
 STREET ADDRESS **3240 Windmill Circle**
 CITY-ST-ZIP **Cantonment FL 32533**

TITLE **PD**
 NAME **ZAPATKA, PETE** ☒ Delete
 STREET ADDRESS **2055 HAMILTON CROSSING DR**
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Thomas Novack**
 STREET ADDRESS **2670 Tambbridge Circle**
 CITY-ST-ZIP **Pensacola FL 32503**

TITLE **VD**
 NAME **MIRNS, BILLY** ☐ Delete
 STREET ADDRESS **2340 HWY 97**
 CITY-ST-ZIP **MOLINO FL 32577**

TITLE **President** ☒ Change ☐ Addition
 NAME **Hims, Billy**
 STREET ADDRESS **2316 majestic Drive**
 CITY-ST-ZIP **Pensacola, FL 32534**

TITLE **SD**
 NAME **PARKER, ROB** ☒ Delete
 STREET ADDRESS **2788 HONEYWOOD DR**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **J Stephen Hecht**
 STREET ADDRESS **P.O. Box 801**
 CITY-ST-ZIP **Gonzalez FL 32560**

TITLE **VD**
 NAME **MIRNS, BILLY** ☐ Delete
 STREET ADDRESS **2340 HWY 97**
 CITY-ST-ZIP **MOLINO FL 32577** *Duplicate*

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: *Billy Mirns* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)