2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90310 010 ****61.25

DOCUMENT # 711541

1. Entity Name
JACKSONVILLE AREA GOLF ASSOCIATION, INC

Principal Place of Business
724 PUTTERS GREEN WAY SO
JACKSONVILLE FL 32259

Mailing Address
-SAME-

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
739 PUTTERS GREEN WAY SO
Suite, Apt. #, etc.

3. Mailing Address
733 PUTTERS GREEN WAY SO
Suite, Apt. #, etc.

City & State: JACKSONVILLE FL
Zip: 32259 Country:

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Zip: 32259 Country:

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLACK WILLIAM
724 PUTTERS GREEN WAY SO
JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent

Name: JERRY KAY
Street Address (P.O. Box Number is Not Acceptable): 733 PUTTERS GREEN WAY SO
City: JACKSONVILLE FL Zip Code: 32259

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: Jerry Kay JERRY KAY 4/20/01
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BILL BLACK 724 PUTTERS GREEN WAY SO JACKSONVILLE FL 32259 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT JERRY KAY 733 PUTTERS GREEN WAY SO JACKSONVILLE FL 32259 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARL ARNOLD 1819 BRUSH HILL RD JACKSONVILLE FL 32211 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BART OLEARY 2032 THETA CT ORANGE PARK FL 32073 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP JAMES ANDREWS 178 SAN JUAN DR. PONTE VEDRA BCH FL 32082 OK	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LEE CROWE 6809 McMULLIN ST JACKSONVILLE FL 32210 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DON HAWS 10344 HEATHER GLEN DR. N JACKSONVILLE FL. ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: Jerry Kay JERRY KAY 4/20/01 904-287-3117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #