2000 UNIFORM BUSINESS REP()RT (UBR)

DOCUMENT # 714409

1. Entity Name

DADE AMATEUR GOLF ASSOCIATION, INC.

1802 NORTHWEST 37TH AVENUE MAIMI FL 33125-1052

Principal Place of Business

Mailing Address

1802 NORTHWEST 37TH AVENUE MAIMI FL 33125-1052



04-11-2000 90037 046 ****61.25

2. Principal Face of Business Sulss, Apt. 4, sto. DC NOT Writte in THIS SPACE A. FED Number 23-7068300 Applied for Not Applicated Programment of Sulss Desired Sal. 75 Auditional Fee Regulated Not Applicated Sal. 75 Auditional Fee Regulated Sal. 75 Auditio					1 16 A 11 16 A		. 	181841 (83)	
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Country Zip Country Site Count	City & State		City & State		4. FEI Number	23-7069300			
Steel Address of New Registered Agent Name Steel Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. Certificate	Y Status Basinad	\$8.75 Addit	tional	
DELUCCA, CHARLES, J.R. 8840 LOCH NESS DR. MAMA LAKES PL. 33014 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE PILE NOW:	<u></u>	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Registered A	igent		
BEAU LOCK HARSES JR. 8840 LOCK HASS FL. 33014 CRY FL Zip Code CRY FL Zi					Name				
B. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the state of Forda. SIGNATURE	6840 LOCH NESS DR.				Street Address (P.O. Box Number is Not Acceptable)				
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 Signature special production Signa						EI	Zip Code		
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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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR