

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90245 012 ***150.00

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 714409

1. Entity Name
DADE AMATEUR GOLF ASSOCIATION, INC.



Principal Place of Business
**1802 NORTHWEST 37TH AVENUE
MIAMI, FL 33125-1052**

Mailing Address
**1802 NORTHWEST 37TH AVENUE
MIAMI, FL 33125-1052**

11017223



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7069300

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DELUCCA, CHARLES, JR.
6840 LOCH NESS DR.
MIAMI LAKES, FL 33014**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinsuring)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DELUCCA, CHAS. JR.	
STREET ADDRESS	6840 LOC NESS DR.	
CITY-ST-ZIP	MIAMI LAKES, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, ALLAN	
STREET ADDRESS	4545 S.W. 94TH COURT	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DELUCA, CHARLES III	
STREET ADDRESS	6840 QUEEN PALM TERR	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PIFER, CHARLES	
STREET ADDRESS	324 MENDOZA AVE	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, JAY J	
STREET ADDRESS	7620 N.E. 7TH COURT	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DELUCA, ANTHONY JR	
STREET ADDRESS	14170 NE 4TH AVE	
CITY-ST-ZIP	N MIAMI, FL 33161	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03
Date

305-633-4583
Daytime Phone #

CR2E037 (10/02)