

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90030 041 \*\*\*\*61.25

**DOCUMENT # N43244**

1. Entity Name

**CHILDREN'S GOLF FOUNDATIONA, INC.**

Principal Place of Business

Mailing Address

2000 N. CONGRESS  
 WEST PALM BEACH FL 33409  
 US

P.O. BOX 14295  
 NORTH PALM BEACH FL 33408-0295  
 US

2. Principal Place of Business

3. Mailing Address

*11911 U.S Hwy 1*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*North Palm Beach FL*

City & State

4. FEI Number

**65-0262208**

Applied For

Not Applicable

Zip

Country

*33408 USA*

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

**MCGRORY, GEORGE R.**  
**2000 N. CONGRESS, #95**  
**APT. #109**  
**WEST PALM BEACH FL 33409**

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.

(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 PD  Delete  
 NAME MCGRORY, GEORGE  
 STREET ADDRESS 2000 N. CONGRESS AVE., #95  
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE DIRECTOR  Change  Addition  
 NAME KEITH STUHLER  
 STREET ADDRESS 10 LORINGTON LANE E/4  
 CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D  Delete  
 NAME WALTERS, DENNIS  
 STREET ADDRESS 8991 S.W. 8TH STREET  
 CITY-ST-ZIP PLANTATION FL

TITLE SECRETARY  Change  Addition  
 NAME STEVEN ELLIOTT  
 STREET ADDRESS 2107 N. TAMMINK  
 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE D  Delete  
 NAME BELJAN, JAN  
 STREET ADDRESS 733 HUMMINGBIRD WAY  
 CITY-ST-ZIP NORTH PALM BEACH FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME BANASZAK, JOSEPH  
 STREET ADDRESS 44 YACHT CLUB DR  
 CITY-ST-ZIP NORTH PALM BEACH FL

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

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: *George McGrory* **George McGRORY** 3/8/2000 561-776-1387  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (9/99)