

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005777

1. Entity Name

FLORIDA DEAF GOLF ASSOCIATION, INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90019 008 ****61.25

Principal Place of Business

Mailing Address

125 AZALEA DRIVE
 DAYTONA BEACH FL 32117-4801

125 AZALEA DRIVE
 DAYTONA BEACH FL 32117-4801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

125 AZALEA DR.

125 AZALEA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

4. FEI Number

65-0450621

Applied For

Not Applicable

Zip

Country

32117-4801

FLORIDA

Zip

Country

32117-4801

FLORIDA

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

DE MOTTE, ROY
 125 AZALEA DR
 DAYTONA BEACH FL 32117

Name: ROY DE MOTTE

Street Address (P.O. Box Number is Not Acceptable)

125 AZALEA DR.

DAYTONA BEACH

FL

Zip Code: 32117-4801

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	P	<input type="checkbox"/> Delete
NAME	DIVINCENZO, FRANK	
STREET ADDRESS	7100 ULMERTON ROAD #20	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEEK, JAMES J.	
STREET ADDRESS	13408 EUDORA PLACE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DE MOTTE, ROY	
STREET ADDRESS	125 AZALEA DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32117-4801	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGE, ROBERT	
STREET ADDRESS	9 FLAMINGO DR	
CITY-ST-ZIP	ST AUGUSTINE FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARROD, LARRY	
STREET ADDRESS	151-175TH AVE	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYSTRYCKI, MARTIN	
STREET ADDRESS	14031 ASTER AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 22, 2000
 TDD - 904-238-1222
 FAX - 904-253-9353
 DATE DAYTIME PHONE #

CR2E037 (9/99)