

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90042 037 ****70.00

DOCUMENT # N93000005777

1. Entity Name

Florida Deaf Golf Association, Inc.

Principal Place of Business

Mailing Address

FLORIDA DEAF GOLFERS ASSOCIATION

A0024914

2. Principal Place of Business

3. Mailing Address

7100 WILMERTON Rd

7100 ULMERTON Rd #2041

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2041

L

City & State

LARGO FL

City & State

LARGO FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

33771

PINELLAS

33771

PINELLAS

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JAMES STURGEON

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

4857 GANDY BLVD B6-19

City

TAMPA FL 33611 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

JIM STURGEON

FEB 6, 2001

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	John W. Blaylock	
STREET ADDRESS	2623 Seville Blvd. #101	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	JOE SHOUPPE	
STREET ADDRESS	2650 PEARCE DR #307	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	Sec	<input type="checkbox"/> Delete
NAME	JAMES STURGEON SR	
STREET ADDRESS	4857 GANDY BLVD. B.6-19	
CITY-ST-ZIP	TAMPA, FLA. 33611	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	FRANK DiVINCENZO	
STREET ADDRESS	7100 ULMERTON Rd #2041	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

FEB 6 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)