FILED 2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2002 8:00 am Secretary of State DOCUMENT # N9300005777 04-30-2002 90081 007 ****70 00 FLORIDA DEAF GOLF ASSOCIATION, INC. Principal Place of Business Mailing Address 125 AZALEA DRIVE 125 AZALEA DRIVE DAYTONA BEACH FL 32117-4R01 DAYTONA BEACH FL 32117-4801 2. Principal Place of Business 125 AZALEA DRIVE 125 AZALBA DRÍVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE DAYBONA BRACH 4. FEI Number Applied For 65-0450621 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent बाज DE MOTTE, ROY 125 AZALEA DR DAYTONA BEACH FL 32117 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: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FEE IS \$61,25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition NAME DIVINCENZO, FRANK NAME PAY DE MOTTE STREET ADDRESS 7100 ULMERTON ROAD #20 STREET ADDRESS 125 AZAJEA DRIVE CITY-ST-7IP LARGO FL 33771 CITY-ST-ZIP **VP** TITLE Delete TITLE ☐ Addition LEEK, JAMES J. NAME STREET ADDRESS 13408 EUDORA PLACE STREET ADDRESS City-st-zip TAMPA FL 33626 CITY-ST-ZIP TITLE ☐ Delete DE MOTTE, ROY NAME STREET ADDRESS 125 AZALEA DR STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32117-4801 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition LANGE, ROBERT NAME FRANK DIVINCENZO STREET ADDRESS 9 FLAMINGO DR STREET ADDRESS 7/00 LLUMBETON TROAD # 204/ CITY-ST-ZIP ST AUGUSTINE FL 33708 CITY-ST-ZIP Also, FL TITLE Delete TITLE Change ☐ Addition NAME HARROD, LARRY NAME STREET ADDRESS 151-175TH AVE STREET ADDRESS CITY-ST-ZIP REDINGTON SHORES FL 33708 CITY-ST-ZIP TITLE ☐ Defete TITI F 12 enange ☐ Addition

I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

BYSTRYCKI, MARTIN

WEST PALM BEACH FL 33414

14031 ASTER AVE

NAME

STREET ADDRESS

CITY-ST-ZIP

TAMPA

SI CRANDY BLVD, BG-19