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

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90413 014 ****61.25

DOCUMENT # N94000006361

1. Entity Name
JAKE GAITHER GOLF ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
3401 SUNNYSIDE DRIVE TALLAHASSEE FL 32305-6969 US	P.O. BOX 6834 TALLAHASSEE FL 32314 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3291381 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BILLUPS, ANTHONY W.
3401 SUNNYSIDE DRIVE
TALLAHASSEE FL 32305-6969

7. Name and Address of New Registered Agent

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 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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAMS, MARVIN L 8476 SOUTHERN PARK DR. TALLAHASSEE FL 32303	XX Delete	FS WILLIAMS, MARVIN L. 8476 SOUTHERN PARK DR TALLAHASSEE, FL. 32305	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BILLUPS, ANTHONY W SR. 3401 SUNNYSIDE DRIVE TALLAHASSEE FL 32305	☐ Delete	P BROWN, JOHNNY 4212 JULIA ST. TALLAHASSEE, FL. 32305	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRY, IRENE 3105 RACKLEY DRIVE TALLAHASSEE FL	☐ Delete	VP BROWN, JOANNE 4100 SILK BAY CT. TALLAHASSEE, FL. 32308	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUNGEN, ROBERT 3123 GALIMORE DRIVE TALLAHASSEE FL	XX Delete	D TATE, LILLIAN 3986 SHILOH CIRCLE TALLAHASSEE, FL. 32308	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D KILPATRICK, LEROY 309 KUX AVE. TALLAHASSEE, FL. 32301	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: ANTHONY W. BILLUPS, ESQ. SIGNATURE REQUIRED 04-30-03 850-216-4236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #