

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000002175**

1. Entity Name  
 OKEEHHEELLE JUNIOR GOLF FOUNDATION, INC.

Principal Place of Business 1085 MOURNING DOVE LANE  WELLINGTON FL 33414	Mailing Address 1085 MOURNING DOVE LANE  WELLINGTON FL 33414
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2. Principal Place of Business 100 ST. DAVID'S WAY Suite, Apt. #, etc.	3. Mailing Address 100 ST. DAVID'S WAY Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State WELLINGTON FL	City & State WELLINGTON FL	4. FEI Number <b>65-0746961</b>	Applied For Not Applicable
Zip 33414	Country	Zip 33414	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

ROMFH NANCY A  
 777 SOUTH FLAGLER DRIVE  
 SUITE 900E  
 WEST PALM BEACH FL 33401 US

**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.

SIGNATURE \_\_\_\_\_ DATE **07/12/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMFH NANCY A 3261 HOY LAKE ROAD LAKE WORTH FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEECH KEN 8530 OLD TOWNE WAY BOCA RATON FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIGGS BOB 1085 MOURNING DOVE LN WELLINGTON FL 33414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRINONI LISA 122 LEXINGTON DRIVE ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMFH ELIZABETH R 8643 S. 45TH STREET LAKE WORTH FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN BOB 1085 MOURNING DOVE LANE WELLINGTON FL 33414 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEIR WILLIAM R 1515 WOOD DALE TERRACE WELLINGTON FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN BOB 100 ST. DAVID'S WAY WELLINGTON FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** William R. Weir T **07/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

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**HOWARD WIGHT  
100 ST. DAVID'S WAY**

**WELLINGTON, FL 33414**