

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000002175

FILED
Jan 14, 2002 8:00 AM
Secretary of State

Entity Name: OKEEHHEELER JUNIOR GOLF FOUNDATION, INC.

Current Principal Place of Business:

100 ST. DAVID'S WAY
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

100 ST. DAVID'S WAY
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0746961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROMFH, NANCY A
Address: 3261 HOY LAKE ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: LEECH, KEN
Address: 8530 OLD TOWNE WAY
City-St-Zip: BOCA RATON, FL 33433

Title: T () Delete
Name: WEIR, WILLIAM R
Address: 1515 WOOD DALE TERRACE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: TERRINONI, LISA
Address: 122 LEXINGTON DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: ROMFH, ELIZABETH R
Address: 8643 S. 45TH STREET
City-St-Zip: LAKE WORTH, FL 33467

Title: P () Delete
Name: BROWN, BOB
Address: 100 ST. DAVID'S WAY
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. WEIR

T

01/14/2002

Electronic Signature of Signing Officer or Director

Date