

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90020 021 ****61.25

DOCUMENT # 705901

1. Entity Name

SOLUTIA GOLF ASSOCIATION, INC.

Principal Place of Business

Mailing Address

CHEMSTRAND RD
 GONZALEZ FL

P O BOX 1087
 GONZALEZ FL 32560-1087
 US

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

59-2150685

Applied For

Not Applicable

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

JOHN H CHILDS, JR
2365 OLD CHEMSTRAND RD
GONZALEZ FL 32560

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 _____

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	TD	<input checked="" type="checkbox"/> Delete
NAME	BELL, BENNY	
STREET ADDRESS	3162 297A	
CITY-ST-ZIP	CANTONMENT FL 32534	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TIPTON, DOUG	
STREET ADDRESS	1743 BOOTH LAKE RD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HECHT, STEVE	
STREET ADDRESS	11507 THOUSAND OAKS DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FOUST, DOUG	
STREET ADDRESS	5204 ROWE TRAIL	
CITY-ST-ZIP	PACE FL 32571	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly, Jerry	
STREET ADDRESS	590 Telera h St	
CITY-ST-ZIP	Pensacola FL 32534	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zapatka, Pete	
STREET ADDRESS	2055 Hamilton Crossing Dr	
CITY-ST-ZIP	Cantonment FL 32533	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-00

CR2E037 (9/99)