

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90007 035 ****61.25

DOCUMENT # 710656

1. Entity Name

FLORIDA SENIOR GOLF ASSOCIATION, INC.

Principal Place of Business

Mailing Address

442 W KENNEDY BLVD

PO BOX 10998

TAMPA FL 33608

TAMPA FL 33679-0998

US

2. Principal Place of Business

2907 Bay To Bay BLVD

3. Mailing Address

P.O. Box 10493

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa, FL

Zip

33629 Hills.

Zip

33679

Country

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCOTTE, DENNIS R

442 W KENNEDY BLVD

STE 200

TAMPA FL 33608

Name

Street Address (P.O. Box Number is Not Acceptable)

2907 Bay To Bay BLVD, Suite 102

City

TAMPA

FL

Zip Code

33629

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	P	<input checked="" type="checkbox"/> Delete
NAME	TYO, ROBERT C	
STREET ADDRESS	21 E TUSTLE CREEK DR	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RIGGINS, RICHARD	
STREET ADDRESS	6354 BAHAMA SHORES DR S	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GOULD, DONALD W	
STREET ADDRESS	3506 BAY FAIR PL	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARCOTTE, DENNIS R	
STREET ADDRESS	2015 AGUILLA ST	
CITY-ST-ZIP	TAMPA FL 33-6269	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOTZ, WILLIAM P	
STREET ADDRESS	2833 LA COMCHA DR	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HATCHER, MANIOU	
STREET ADDRESS	908 ALBA DR	
CITY-ST-ZIP	ORLANDO FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William A Lotz	
STREET ADDRESS	2833 LA Comcha Dr.	
CITY-ST-ZIP	CLEARWATER, FL. 34622	
TITLE	C. Lawrence Stagg	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3303 San Nicholas St.	
STREET ADDRESS	TAMPA, FL. 33629	
CITY-ST-ZIP	TAMPA, FL. 33629	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles L. Hedrick	
STREET ADDRESS	6030 5th St. South	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis R. Marcotte	
STREET ADDRESS	3215 San Nicholas St.	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard A. Neely	
STREET ADDRESS	1508-C Bay Villa Pl	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas G. Deake	
STREET ADDRESS	5275 Ramsey Way	
CITY-ST-ZIP	FT. MYERS, FL 33907	

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 #

CR2E037 (9/99)