

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90042 024 ****61.25

DOCUMENT # 710656

1. Entity Name

FLORIDA SENIOR GOLF ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2907 BAY TO BAY BLVD
 SUITE 102
 TAMPA FL 33629
 US**

**PO BOX 10493
 TAMPA FL 33679**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6182034

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARCOTTE, DENNIS R
 2907 BAY TO BAY BLVD
 STE 102
 TAMPA FL 33606**

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 **P** ☐ Delete
 NAME **LOTZ, WILLIAM P**
 STREET ADDRESS **2833 LA CONCHA DRIVE**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **STAGG, C LAWRENCE**
 STREET ADDRESS **3303 SAN NICHOLAS ST**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **HEDRICK, CHARLES L**
 STREET ADDRESS **6070 51ST ST SOUTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **MARCOTTE, DENNIS R**
 STREET ADDRESS **3215 SAN NICHOLAS ST**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HEGLY, RICHARD**
 STREET ADDRESS **1508-C BAY VILLA PLACE**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☒ Change ☐ Addition
 NAME **NEELY, Richard**
 STREET ADDRESS **1508-C Bay Villa Place**
 CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **D** ☐ Delete
 NAME **HATCHER, MANIQU**
 STREET ADDRESS **908 ALBA DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition
 NAME **HATCHER, MARION**
 STREET ADDRESS **908 ALBA DR.**
 CITY-ST-ZIP **ORLANDO, FL.**

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 (10/00)