

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2002 8:00 am
Secretary of State

05-08-2002 90113 008 ****61.25

DOCUMENT # 710656

1. Entity Name

FLORIDA SENIOR GOLF ASSOCIATION, INC.

Principal Place of Business

2907 BAY TO BAY BLVD
SUITE 102
TAMPA FL 33629
US

Mailing Address

PO BOX 10493
TAMPA FL 33679

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

59-6182034

Applied For

Not Applicable

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.

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\$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	LOTZ, WILLIAM P	
STREET ADDRESS	2833 LA CONCHA DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STAGG, C LAWRENCE	
STREET ADDRESS	3303 SAN NICHOLAS ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEDRICK, CHARLES L	
STREET ADDRESS	6070 51ST ST SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARCOTTE, DENNIS R	
STREET ADDRESS	3215 SAN NICHOLAS ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEELY, RICHARD	
STREET ADDRESS	1508-C BAY VILLA PLACE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HATCHER, MARION	
STREET ADDRESS	908 ALBA DR	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTZ, Wm. P.	
STREET ADDRESS	2833 La Concha Dr.	
CITY-ST-ZIP	CLEARWATER, FL. 33762	
TITLE	P, D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAGG, C. LAWRENCE	
STREET ADDRESS	3303 SAN NICHOLAS ST.	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	VP, D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, Ralph	
STREET ADDRESS	14431 CRANLE POINTE DR	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE		<input 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		
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 #

CR2E037 (9/01)