

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90037 046 \*\*\*\*61.25

**DOCUMENT # 714409**

1. Entity Name

**DADE AMATEUR GOLF ASSOCIATION, INC.**

Principal Place of Business

**1802 NORTHWEST 37TH AVENUE  
 MIAMI FL 33125-1052**

Mailing Address

**1802 NORTHWEST 37TH AVENUE  
 MIAMI FL 33125-1052**

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

**23-7069300**

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

**DELUCCA, CHARLES, JR.  
 6840 LOCH NESS DR.  
 MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DELUCCA, CHAS. JR.	
STREET ADDRESS	6840 LOC NESS DR.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, ALLAN	
STREET ADDRESS	4545 S.W. 94TH COURT	
CITY-ST-ZIP	MIAMI FL.	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PIFER, CHARLES A	
STREET ADDRESS	324 MENDOZA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURSTEIN, OSCAR	
STREET ADDRESS	1401 S.W. 85TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, JAY J	
STREET ADDRESS	7620 N.E. 7TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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)(l), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00  
 Date

305 633-4583  
 Daytime Phone #

CFR2037 (9/99)