


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90097 002 \*\*\*\*61.25

DOCUMENT # 714409  
1. Entity Name  
DADE AMATEUR GOLF ASSOCIATION



**DO NOT WRITE IN THIS SPACE**

**50022749**

2. Principal Place of Business  
1802 NW 37 Ave  
Suite, Apt. #, etc.  
M

3. Mailing Address  
PO BOX 592278  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI FLORIDA

City & State  
MIAMI FLORIDA

Zip  
33125 Country  
DADE

Zip  
33159 Country  
DADE

4. FEI Number  
23 7069 300 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
DE LUCCA, CHARLES

Street Address (P.O. Box Number is Not Acceptable)  
6840 LOCH NESS DRIVE

City  
MIAMI LAKES FL Zip Code  
33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D:</u> <u>DE LUCCA, CHARLES</u> <u>6840 LOCH NESS DRIVE</u> <u>MIAMI LAKES, FLORIDA 33159</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>SCHWARTZ, ALLAN</u> <u>4545 SW 94 CT</u> <u>MIAMI, FL 33165</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>PIPER, CHARLES</u> <u>2171 BAYDRIVE #3</u> <u>MIAMI BCH FL 33141</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] CHARLES PIPER 2/28/05 (30) 633-4583

CR2E037B (12/02)