

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90245 012 ***150.00

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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

11017223



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **23-7069300** 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

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

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinsuring)

FILE NOW. FEE IS \$61.25

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	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	DELUCA, CHARLES III	
STREET ADDRESS	6840 QUEEN PALM TERR	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PIFER, CHARLES	
STREET ADDRESS	324 MENDOZA AVE	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, JAY J	
STREET ADDRESS	7620 N.E. 7TH COURT	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DELUCA, ANTHONY JR	
STREET ADDRESS	14170 NE 4TH AVE	
CITY-ST-ZIP	N MIAMI, FL 33161	

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
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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

4/23/03
Date

305633-4583
Daytime Phone #

CR2E037 (10/02)