

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90025 013 ****61.25

0045539

DOCUMENT # 715302

1. Entity Name

JUNIOR GOLF ASSOCIATION OF BROWARD COUNTY, INC.

Principal Place of Business

**6550 N. FEDERAL HWY., #220
FORT LAUDERDALE FL 33308-1404
US**

Mailing Address

**6550 N. FEDERAL HWY., #220
FORT LAUDERDALE FL 33308-1404
US****604138**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7145005

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LATIMER, ALFRED C
6550 N. FEDERAL HWY., #220
FORT LAUDERDALE FL 33308-1404**

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	AMORILLO, PAULA	
STREET ADDRESS	11023 N.W. 54TH CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCKINNEY, WAYNE	
STREET ADDRESS	419 N.W. 13TH DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33486	

TITLE	STD	<input type="checkbox"/> Delete
NAME	LATIMER, ALFRED C	
STREET ADDRESS	7801 WOODBRIDGE DRIVE S.	
CITY-ST-ZIP	PARKLAND FL 33067	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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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 REQUIRED

Date

Daytime Phone #

CR2E037 (10/00)