

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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90161 029 \*\*\*\*61.25

**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

55003542



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 **23-7145005**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **AMORILLO, PAULA**  
STREET ADDRESS **11023 N.W. 54TH CT**  
CITY-STATE-ZIP **CORAL SPRINGS FL 33071**

TITLE **STD** ☐ Delete  
NAME **LATIMER, ALFRED C**  
STREET ADDRESS **7801 WOODRIDGE DRIVE S.**  
CITY-STATE-ZIP **PARKLAND FL 33067**

TITLE **VPD** ☒ Delete  
NAME **MEIEN, ROB**  
STREET ADDRESS **1003 NW 48TH COURT**  
CITY-STATE-ZIP **POMPANO BEACH FL 33078**

TITLE **S (D)** ☐ Delete  
NAME **ELLEN WEINTRAUB**  
STREET ADDRESS **19166 NW 13TH CT**  
CITY-STATE-ZIP **PEMBROKE PINES, FL 33029**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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:

**SIGATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/03

154 491 7833

CR2E037 (10/02)