

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90085 019 ****70.00

DOCUMENT # 720866

1. Entity Name

MARIANNA GOLF ASSOCIATION, INC.

Principal Place of Business

**3309 CAVERNS ROAD
 MARIANNA FL 32446**

Mailing Address

**3309 CAVERNS ROAD
 MARIANNA FL 32446**

00012134



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

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BRENDEMUEHL, R. H.
 2978 SPRING STREET
 MARIANNA FL 32446**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WISE, GREG	
STREET ADDRESS	4559 RED OAK TRACE	
CITY-ST-ZIP	MARIANNA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREGG, HAROLD G	
STREET ADDRESS	4614 BALES DR	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BRENDEMUEHL, R.H.	
STREET ADDRESS	2978 SPRING STREET	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BREYTOGLE, BETTY	
STREET ADDRESS	3399 FISH HATCHERY RD	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	P	<input type="checkbox"/> Delete
NAME	KELLEY, TERRY	
STREET ADDRESS	5082 MIDWAY FISH CAMP RD	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, FRED	
STREET ADDRESS	2987 STALEY ST	
CITY-ST-ZIP	MARIANNA FL 32446	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Hamm, Joseph G., Jr.	
STREET ADDRESS	3150 Fourth St.	
CITY-ST-ZIP	Marianna, FL 32446	
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	D Keane, Jason	
STREET ADDRESS	5636 Gemstone Rd.	
CITY-ST-ZIP	BAYCOM, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. Baker, M.L.	
STREET ADDRESS	5139 Eighth Ave.	
CITY-ST-ZIP	Malone, FL	

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: *R.H. Brendemuehl* **SIGNATURE REQUIRED** *1-18-01* *(850) 482-3911*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)