

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726419

1. Entity Name

THE NORTH FLORIDA SECTION, PROFESSIONAL GOLFERS'

Principal Place of Business

200 FOREST LAKE BLVD.  
SUITE #3  
DAYTONA BEACH FL 32119-8108  
US

Mailing Address

200 FOREST LAKE BLVD.  
SUITE #3  
DAYTONA BEACH FL 32119-8108  
US

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

59-1403039

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

PORTER, JERRY  
200 FOREST LAKE BLVD.  
SUITE 3  
DAYTONA BEACH FL 32119-8108

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☐ Delete  
NAME DEATON, JIM  
STREET ADDRESS 9000 BAY HILL RD  
CITY-ST-ZIP ORLANDO FL 32819

TITLE D ☒ Delete  
NAME REHANEK, BILL  
STREET ADDRESS 2001 CLUBHOUSE DR.  
CITY-ST-ZIP PLANT CITY FL 33567

TITLE S ☐ Delete  
NAME AUSTIN, TONY  
STREET ADDRESS 9756 CAMBERLEY CIR  
CITY-ST-ZIP ORLANDO FL 32836

TITLE D ☐ Delete  
NAME WAROBICK, MIKE  
STREET ADDRESS 984 PALMER ST  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D ☒ Delete  
NAME MCFAUL, JACK  
STREET ADDRESS 1454 GLENEAGLES DR  
CITY-ST-ZIP VENICE FL 34292

TITLE P ☒ Delete  
NAME O'NEILL, STEVE  
STREET ADDRESS 1904 RIVER CROSSING DR.  
CITY-ST-ZIP VALRICO FL 33594

TITLE S ☐ Change ☒ Addition  
NAME INTRIERI, Robert  
STREET ADDRESS 2700 Gary Player Blvd.  
CITY-ST-ZIP Sarasota, FL 34240

TITLE D ☐ Change ☒ Addition  
NAME LIBBY, Russ  
STREET ADDRESS 3736 Rubin Rd.  
CITY-ST-ZIP Jacksonville, FL 32257

TITLE D ☐ Change ☒ Addition  
NAME BAIERS, Julie  
STREET ADDRESS P.O. Box 188  
CITY-ST-ZIP Laurel, FL 34272

TITLE D ☐ Change ☒ Addition  
NAME THOMAS, Clay  
STREET ADDRESS 3108 Bay Villa  
CITY-ST-ZIP Tampa, FL 33611

TITLE P ☒ Change ☐ Addition  
NAME DEATON, Jim  
STREET ADDRESS 9000 Bay Hill Rd.  
CITY-ST-ZIP Orlando, FL 32819

TITLE V ☒ Change ☐ Addition  
NAME AUSTIN, Tony  
STREET ADDRESS 9756 Camberley Cir  
CITY-ST-ZIP Orlando, FL 32836

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

Date

Daytime Phone #

4-20-2000

904/322-0899

CR2F037 (9/99)