

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90289 011 ****61.25

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

TITLE **S** ☒ Change ☐ Addition
 NAME **LIBBY, Russ**
 STREET ADDRESS **3736 Rubin Road**
 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE **S** ☒ Delete
 NAME **INTRIERI, ROBERT**
 STREET ADDRESS **2700 GARY PLAYER BLVD**
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **D** ☐ Change ☒ Addition
 NAME **WAROBICK, Mike**
 STREET ADDRESS **984 Palmer St.**
 CITY-ST-ZIP **Rockledge, FL 32955**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **AYCOCK, Tom**
 STREET ADDRESS **254 Alta Mar Dr.**
 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE **D** ☐ Delete
 NAME **LIBBY, RUSS**
 STREET ADDRESS **3736 RUBIN RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

TITLE **D** ☐ Delete
 NAME **BAIERS, JULIE**
 STREET ADDRESS **PO BOX 188**
 CITY-ST-ZIP **LAUREL FL 34272**

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

TITLE **D** ☐ Delete
 NAME **THOMAS, CLAY**
 STREET ADDRESS **3108 BAY VILLA**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Change ☐ 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:

Jim Deaton **PRESIDENT**

5-21-01

904/322-0899

CR2E037 (10/00)