

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90185 031 ****61.25

DOCUMENT # 726419

1. Entity Name

THE NORTH FLORIDA SECTION, PROFESSIONAL GOLFERS' ASSOCIATION OF AMERICA, INC.

Principal Place of Business

Mailing Address

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

**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 **P** ☒ Change ☐ Addition
 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 **V** ☒ Change ☐ Addition
 NAME **LIBBY, RUSS**
 STREET ADDRESS **3736 Rubin Rd.**
 CITY-ST-ZIP **Jacksonville, FL 32257**

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

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

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

TITLE **D** ☐ Change ☒ Addition
 NAME **WILSON, TONY**
 STREET ADDRESS **1749 Art Hagen Place**
 CITY-ST-ZIP **Longwood, FL 32750**

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

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 **THOMAS, CLAY**
 STREET ADDRESS **3108 BAY VILLA**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D** ☐ Change ☒ Addition
 NAME **BINSWANGER, JACK**
 STREET ADDRESS **3500 Pembroke Dr.**
 CITY-ST-ZIP **Sarasota, FL 34239**

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 #

ANTHONY C. AUSTIN **ANTHONY C. AUSTIN** **5-25-02** **386-322-0899**

CR2E037 (9/01)