

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90184 010 *****61.25

DOCUMENT # 726419

1. Entity Name

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



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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1403039**

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

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

7. Name and Address of New Registered Agent

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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☒ Delete
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**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **S** ☒ Change ☐ Addition
NAME **Warobick, Mike**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Lynch, Mike**
STREET ADDRESS **4747 Hodges Blvd.**
CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **V** ☒ Change ☐ Addition
NAME **Libby, Russ**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** ☐ Change ☒ Addition
NAME **Slattery, Jim**
STREET ADDRESS **#1 Country Club Lane**
CITY-ST-ZIP **Belleair, FL 34616**

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] **REQUIRED**

4/3/03

386-322-0899

CR2E037 (10/02)