


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

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90148 039 \*\*\*\*61.25

**DOCUMENT # 729043**

1. Entity Name  
**GREATER SARASOTA JUNIOR GOLF ASSOCIATION, INC.**



Principal Place of Business  
**7106 RIVERCLUB BLVD  
BRADENTON FL 34202  
US**

Mailing Address  
**P.O. BOX 1665  
VENICE FL 34284  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2552124**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRISLEY, TAFFIE  
7106 RIVERCLUB BLVD  
BRADENTON FL 34202**

7. Name and Address of New Registered Agent

Name **Judy Christmas**

Street Address (P.O. Box Number is Not Acceptable)  
**1130 Misti Court**

City **Venice** FL Zip Code **34293**

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 *Judy Christmas* DATE **7/29/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WRIGHT, LISA</b>	
STREET ADDRESS	<b>P.O. BOX 1665</b>	
CITY-ST-ZIP	<b>VENICE FL 34284</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>FRANEK, GARY</b>	
STREET ADDRESS	<b>7851 48TH AVENUE E.</b>	
CITY-ST-ZIP	<b>BRADENTON-FL-34203</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>COUSER, JEAN</b>	
STREET ADDRESS	<b>P.O. BOX 1665</b>	
CITY-ST-ZIP	<b>VENICE FL 34284</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GROTE, GREG</b>	
STREET ADDRESS	<b>P.O. BOX 1665</b>	
CITY-ST-ZIP	<b>VENICE FL 34284</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAY Engstrom</b>	
STREET ADDRESS	<b>P.O. Box 1665</b>	
CITY-ST-ZIP	<b>Venice, FL 34284</b>	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** **2-1-03** **941-739-1326**

CR2E037 (10/02)