FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am § Secretary of State DOCUMENT # 730631 1. Entity Name PALM BEACH COUNTY JUNIOR GOLF ASSOC., INC. 04-02-2001 90295 017 ****61.25 Principal Place of Business Mailing Address 12773 W FOREST HILL 12773 W FOREST HILL V 4 V I O 4 STE 1201 STE 1201 WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address P.O. BOX 145 1300 Wood Row Wa Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1781898 Wellington Loxahatchee Not Applicable \$8.75 Additional Palm Beach 5. Certificate of Status Desired 33470 334 alm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sheila Evelun Address (P.O. Box Number is Not Acceptable) HARRIS, JOHN 12773 W FOREST HILL STE 1201 **WELLINGTON FL 33414** 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE ☐ Change TITLE Delete Sheila Evelyn 1300 Wood Row Way HARRIS, JOHN NAME NAME STREET ADDRESS 12773 W FOREST HILL STE 1201 STREET ADDRESS Wellington, FL CITY-ST-ZIP CITY-ST-7IP W PALM BCH FL PD ★ Addition ☐ Delete TITLE Change TITI F Mike McLellan COX, GREGG NAME NAME 5840 Amethyst Ct. Boynton Beach, FL STREET ADDRESS 7728 OAKMONT DRIVE STREET ADDRESS -33437-----CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 **X** Addition TITLE ☐ Delete TITLE Jamie Gavigan 1510 N. Ocean Blvd. FICK, DENNIS NAME STREET ADORESS 886 DREW ST STREET ADDRESS Palm Beach, FL 33480 CITY-ST-ZIP LANTANA FL 33462 CITY-ST-7IP TITLE □ Ωelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

<u>FOURETreasurer</u>

SIGNATURE: