

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734501

1. Entity Name

JACKSONVILLE AMATEUR GOLFERS GUILD, INC.

Principal Place of Business

10210 HOVERFORD RD
JACKSONVILLE FL 32218
US

Mailing Address

P.O. BOX 9950
JACKSONVILLE FL 32208
US

2. Principal Place of Business

7368 KYLAN DR WEST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLA.

City & State

4. FEI Number

59-6509621

Applied For

Not Applicable

Zip

32209

Country

DUVAL

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLENDON, SOLOMON
10210 HOVERFORD RD
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name Thomas YOUNG

Street Address (P.O. Box Number is Not Acceptable)
7368 KYLAN DR WEST

City JACKSONVILLE

FL

Zip Code 32209

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

Thomas Young

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-30-02

DATE

After September 13, 2002,
min. will be \$236.25.

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 VD
NAME BAILEY, VICKY
STREET ADDRESS 7925 MERRILL RD
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ Delete

TITLE ~~PREVIOUS P.~~
NAME Thomas YOUNG
STREET ADDRESS 7368 KYLAN DR W
CITY-ST-ZIP JAX, FL 32209 ☒ Change ☐ Addition

TITLE PD
NAME MCCLENDON, SOLOMON
STREET ADDRESS 10210 HAVERFORD RD
CITY-ST-ZIP JACKSONVILLE FL 32218 ☒ Delete

TITLE V.P.D.
NAME DONALD DUNLAP
STREET ADDRESS 11537 PETERSHAM FALLS LN
CITY-ST-ZIP JAX, FL. 32258 ☒ Change ☐ Addition

TITLE S
NAME FLETCHER, OSCAR J
STREET ADDRESS 1940 COLLEGE CIR N
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

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

TITLE T
NAME DUNLAP, CORNELL
STREET ADDRESS 2472 W. 28TH ST.
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 700008403417
10/16/02--01070--020 ☐ Change ☐ Addition

TITLE S
NAME WRIGHT, BEVERLY
STREET ADDRESS P.O. BOX 57033
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

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

TITLE D
NAME HAMMOND, JAMES
STREET ADDRESS 117 W. 12TH ST.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

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 Thomas Young

9-30-02 (904) 764-5287

CR2E037 (4/02)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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