2002 UNIFORM BUSINESS REPORT (UBR)

JACKSONVILLE AMATEUR GOLFERS GUILD, INC. 1. Princeous Place of Business 1. Mailing Address 1. Mailing Addre	DOCUMENT # 734501 1. Entity Name JACKSONVILLE AMATEUR GOLFERS GUILD, INC.					FILED 02 OCT 14 AM 8: 20				
AND CONTRICTOR OF DESIGNATION OF THE PROPERTY										
AND CONTRICTOR OF DESIGNATION OF THE PROPERTY	Principal Place of Business Mailing Address				1.	SECRETARY OF STATE				
Suite, Apt. 4	JACKSONVILLE FL 32218 JACKSONVILLE FL 32208					,		. FLORIDA		
Suite, Apt. 4	2. Principal	Place of Business	3 Mailing Address							
Cover State A. FEI Number Sep6508621 Applied for Not Appl	<u> 7368</u>	KYLAN DRWEST					()); 3140 1 6 ()); 30 101 1; 1		DIEN DION NEN	
S. Name and Address of Current Registered Agent Secreticate of Salaus Devires Secreticate of Salaus Secreticate of Salaus Secreticate of Salaus Secreticate Secreticate of Salaus Secreticate of Salaus Secreticate Secreticate of Salaus Secreticate	Suite, Api	i. #, etc.	Suite, Apt. #, etc.			•	DO NOT WRITE II	N THIS SPACE		
S. Certificate of Statutus Desired 8. Name and Address of Current Registered Agent 7. Name and Address of Registered Agent Name Name N						4. FEI Number 5	9-6509621	·	•	7
6. Name and Address of Current Registered Agent Name	. zip 3 3		Zip	Country		5. Certificate of St	atus Desired			1
MCCLENDON, SOLOMON 10210 HOVERFORD RD JACKSONVILLE FL Stress Address (R, S, Str. Numbers) by Acceptable to Jacksonville FL Stress Address (R, S, Str. Numbers) by Acceptable to Jacksonville FL Stress Address (R, S, Str. Numbers) The above named analy 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with an familiar with an familiar with an familiar with an familiar with			legistered Agent			7. Name and Add	ress of New Regi			1
Supplied processing to the Control of the Control o				Nar	ne Thor	nas Vou	N6			1
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 Fiorida. I am femiliar with, and accept the obligations of registered agent. Comparison Part Pa	10210 HOVERFORD RD				et Address (7368				***************************************	_
8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in his State of Fionda. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE					Jack	SONVILLE			204	ļ
After September 13, 2002, min. will be \$236.25. 10. OFFICERS AND DIRECTORS	the obliga	Signature, typed or printed name of registered agent an					9	30-02 Date		
TITLE MAME MAME MAME MAME MAME MAME MAME MA		After September 13, 2002,				\$5.00 May Be Added to Fees	Make	Check Payable	e to	
NAME STREET ADDRESS STORY-ST-ZIP JACKSONVILLE FL 32211 TITLE NAME STREET ADDRESS	10.	T	CTORS	11.	<i>A</i>	ADDITIONS/CHANGE	S TO OFFICERS A	AND DIRECTORS	N 10	1
TITLE MAME MCCLENDON, SOLOMON STREET ADDRESS OUTY-ST-ZIP JACKSONVILLE FL 32209 TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32209 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32209 TITLE DUNLAP, CORNELL 2472 W. 28TH ST. JACKSONVILLE FL 32209 TITLE S STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32209 TITLE DUNLAP, CORNELL 2472 W. 28TH ST. JACKSONVILLE FL 32209 TITLE S STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32209 TITLE S STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32209 TITLE S STREET ADDRESS CITY-ST-ZIP ACKSONVILLE FL 32209 TITLE S STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ACKSONVILLE FL 32209 TITLE S STREET ADDRESS CITY-ST-ZIP ACKSONVILLE FL 32209 TITLE NAME STREET ADDRESS CITY-ST-ZIP ACKSONVILLE FL 32206 CITY-ST-ZIP ACKSONVILLE FL 32256 CITY-ST-ZIP ACKSONVILLE FL 32256 CITY-ST-ZIP JACKSONVILLE FL 32256 C	NAME Street address	BAILEY, VICKY 7925 MERRILL RD	Delete	NAME STREET ADDRE	Thorage 730	MAS YOUN	SR W		☐ Addition	E037 (4/02)
TITLE S Delete TITLE Change Addition NAME FLETCHER, OSCAR J NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32209 CITY-ST-ZIP TOUNLAP, CORNELL DUNLAP, CORNELL NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32209 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32209 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP NAME HAMMOND, JAMES NAME HAMMOND, JAMES NAME HAMMOND, JAMES NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP JACKSONVILLE FL STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL STRE	NAME Street address	MCCLENDON, SOLOMON 10210 HAVERFORD RD	□ Delete	NAME STREET ADDRE	SS 115	ard Dunia 37 Peters	p Dham Falls	Change	☐ Addition	
TITLE T DUNLAP, CORNELL NAME STREET ADDRESS CITY-ST-ZIP DELET T DUNLAP, CORNELL 2472 W. 28TH ST. STREET ADDRESS CITY-ST-ZIP Delete TITLE S WRIGHT, BEVERLY P.O. BOX 57033 JACKSONVILLE FL 32256 DELET DELET DELET DELET TITLE D DELET DELET DELET DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D DELET DELET DELET TITLE D DELET	NAME Street address	S FLETCHER, OSCAR J	☐ Delete	NAME				☐ Change	Addition	
DUNLAP, CORNELL 2472 W. 28TH ST. JACKSONVILLE FL 32209 Delete WRIGHT, BEVERLY P.O. BOX 57033 JACKSONVILLE FL 32256 Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete Delete TITLE Delete Delete Delete TITLE Delete Dele				CITY-ST-ZIP	<u> </u>					
STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32209 CITY-ST-ZIP TITLE WRIGHT, BEVERLY FOO. BOX 57033 JACKSONVILLE FL 32256 CITY-ST-ZIP TITLE D Delete TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE D STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL STREET ADDRESS CITY-ST-ZIP		1 -	☐ Delete			10/16/02	?010700	020 60 (286)	. 25 Addition	
WRIGHT, BEVERLY P.O. BOX 57033 JACKSONVILLE FL 32256 TITLE D Delete TITLE D Delete TITLE NAME TITLE D Delete TITLE NAME TITLE NAME TITLE D Delete TITLE NAME NAME NAME TITLE NAME NAME NAME NAME TITLE NAME NAME NAME NAME TITLE NAME NAME NAME TITLE NAME NAME NAME NAME NAME TITLE NAME NAME NAME NAME NAME NAME NAME NAM		2472 W. 28TH ST.		STREET ADDRE	ss					
WRIGHT, BEVERLY P.O. BOX 57033 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP TITLE D Delete TITLE HAMMOND, JAMES 117 W. 12TH ST. JACKSONVILLE FL STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL Change Addition NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE		,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		☐ Channe		
TITLE D Delete TITLE Change Addition AME HAMMOND, JAMES TREET ADDRESS TITY-ST-ZIP JACKSONVILLE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS	P.O. BOX 57033		STREET ADDRE	ss					
CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP	IAME.	D HAMMOND, JAMES	☐ Delete	TITLE NAME	90			Change	Addition	
	CITY-ST-ZIP	JACKSONVILLE FL	is filing does not qualify for the	CITY-ST-ZIP		tion 119 07/31(i) Flor	ida Statuten I turt	ner 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 REQUIRED Thomas Voung 9-30-02 (904) 764-5287 SIGNATURE: