

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

02-04-2003 90090 033 ****61.25

DOCUMENT # 734501

1. Entity Name

JACKSONVILLE AMATEUR GOLFERS GUILD, INC.



Principal Place of Business

**7368 KYLAN DR WEST
JACKSONVILLE FL 32209
US**

Mailing Address

**P.O. BOX 8950
JACKSONVILLE FL 32208
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6509621**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **YOUNG, THOMAS** ☐ Delete
STREET ADDRESS **7368 KYLAN DR WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE
NAME **VPD** ☐ Delete
STREET ADDRESS **DUNLAP, DONALD**
CITY-ST-ZIP **11537 PETERSHAM FALLS LN**
JACKSONVILLE FL 32258

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

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

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

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

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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

Thomas Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Us/Time Printed

CR2E037 (10/02)