

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757402

1. Entity Name

FORT PIERCE GOLF ASSOCIATION, INC.

Principal Place of Business

1600 SO THIRD ST  
FT PIERCE FL 34950-5170

Mailing Address

1600 SO THIRD ST  
FT PIERCE FL 34950-5170

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

59-0250538

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

SIEGEL, ARISTIDE  
1510 SW LEXINGTON DR  
PORT SAINT LUCIE FL 34953

Name  
Raymond Bishop

Street Address (P.O. Box Number is Not Acceptable)  
4844 River Place

City  
Fort Pierce

FL Zip Code  
34982

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.

SIGNATURE

Raymond Bishop, President

1-19-01

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME SIEGEL ARISTIDE, ☒ Delete  
STREET ADDRESS 1510 SW LEXINGTON DR.  
CITY-ST-ZIP FORT PIERCE FL 34953

TITLE PD ☒ Change ☐ Addition  
NAME Raymond Bishop  
STREET ADDRESS 4844 River Place  
CITY-ST-ZIP Fort Pierce, FL 34982

TITLE VD ☒ Delete  
NAME BISHOP, RAYMOND  
STREET ADDRESS 4844 RIVER PLACE  
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE VD ☒ Change ☐ Addition  
NAME Will Cowdell  
STREET ADDRESS 163 SE Osprey Ridge  
CITY-ST-ZIP Port St. Lucie, FL 34984

TITLE TD ☐ Delete  
NAME TERHUNE, NEIL  
STREET ADDRESS 1699 SE MARIANNA RD  
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

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

TITLE SD ☐ Delete  
NAME OFENSTEIN, BILLYE  
STREET ADDRESS 651 SW VIOLET AVENUE  
CITY-ST-ZIP PT. ST. LUCIE FL 34947

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 OF Raymond Bishop, President

1-19-01

(561) 465-8110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)