

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90008 005 \*\*\*\*61.25

**DOCUMENT # 765293**

1. Entity Name

**THE PAR 5 GOLFER ASSOCIATION, INCORPORATED**

Principal Place of Business

1923 AVE. D.  
FT. PIERCE FL 34950

Mailing Address

1923 AVE. D.  
FT. PIERCE FL 34950

700796



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JENNINGS, J. BLAYNE  
2871 45TH ST.  
GIFFORD FL**

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.

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  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	HAYNES, LEE A	
STREET ADDRESS	1502 JUANITA AVE	
CITY-ST-ZIP	FT. PIERCE FL 34946	

TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, JAMES	
STREET ADDRESS	4007 AVE. M	
CITY-ST-ZIP	FT. PIERCE FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	GIBSON, HOSELY	
STREET ADDRESS	1601 AVE. M	
CITY-ST-ZIP	FT. PIERCE FL	

TITLE	P	<input type="checkbox"/> Delete
NAME	BUTLER, CHARLES	
STREET ADDRESS	1618 AVE	
CITY-ST-ZIP	FORT PIERCE FL 34950	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
**HOSELY, GIBSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-001

Date

561-H65-3110

Daytime Phone #

CR2E037 (10/00)