

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001627

1. Entity Name

UNITED STATES JUNIOR GOLF ASSOCIATION FOUNDATION

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90585 027 ****61.25

Principal Place of Business

1920 MINERAL SPRING AVE #15
N PROVIDENCE RI 02904

Mailing Address

1920 MINERAL SPRING AVE #15
N PROVIDENCE RI 02904

715875



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1920 MINERAL SPRING AVE

3. Mailing Address

1920 MINERAL SPRING AVE

Suite, Apt. #, etc.

SUITE # 15

Suite, Apt. #, etc.

SUITE # 15

City & State

N. PROVIDENCE RI

City & State

N. PROVIDENCE RI

4. FEI Number

05-0483818

Applied For

Not Applicable

Zip

02904

Country

USA

Zip

02904

Country

USA

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

CARDULLO, RAYMOND

8901 HWY 15 ST

PEMBROKE PINES FL 33024

4386 DANIELSON DR
LAKE WORTH FL 33467

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DCPV ☐ Delete
NAME IACIOFANO, JOSEPH P
STREET ADDRESS 697 WOODWARD RD
CITY-ST-ZIP N PROVIDENCE RI 02904

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

TITLE DS ☐ Delete
NAME IACIOFANO, ELIZABETH A
STREET ADDRESS 697 WOODWARD RD
CITY-ST-ZIP N PROVIDENCE RI 02904

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

TITLE D ☐ Delete
NAME IACOFANO, JOSEPH F
STREET ADDRESS 697 WOODWARD RD.
CITY-ST-ZIP N. PROVIDENCE RI 02904

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 empowerments.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2001

Date

401-353-0033

401-353-0033

CR2E037 (10/00)

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