

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90030 028 ****70.00

DOCUMENT # N00000005719

1. Entity Name

TAMPA BAY JUNIOR GOLF FOUNDATION, INC.

Principal Place of Business

2595 TAMPA RD., SUITE J
 PALM HARBOR FL 34684

Mailing Address

2595 TAMPA RD., SUITE J
 PALM HARBOR FL 34684

2. Principal Place of Business

1100 Tarpon Woods Blvd
 Suite, Apt. #, etc.

3. Mailing Address

1100 Tarpon Woods Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM HARBOR FL

City & State

PALM HARBOR FL

4. FEI Number

Applied For
☒ Not Applicable

Zip

34685

Country

USA

Zip

34685

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LASETER, DOUG
 2595 TAMPA RD., SUITE J
 PALM HARBOR FL 34684

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.

SIGNATURE

R. Douglas Laseter

R. DOUGLAS LASETER Executive Director

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 | D | <input type="checkbox"/> Delete |
| NAME | WADSWORTH, BRENT | |
| STREET ADDRESS | 1901 VAN DYKE RD. | |
| CITY-ST-ZIP | PLAINFIELD IL 60544 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KOCH, GARY | |
| STREET ADDRESS | 3320 W. SAN NICHOLS ST. | |
| CITY-ST-ZIP | TAMPA FL 33629 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HAMBLIN, STEPHEN | |
| STREET ADDRESS | 2415 STEEPLECHASE LN. | |
| CITY-ST-ZIP | ROSWELL GA 30076 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PEIFFER, BILL | |
| STREET ADDRESS | 36750 US HWY. 19 NORTH, #3423 | |
| CITY-ST-ZIP | PALM HARBOR FL 34684 | |
| TITLE | PSTD | <input type="checkbox"/> Delete |
| NAME | LASETER, DOUG | |
| STREET ADDRESS | 36750 US HWY. 19 NORTH, #2117 | |
| CITY-ST-ZIP | PALM HARBOR FL 34684 | |
| 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 | |

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:

Bill Peiffer SIGNATURE REQUIRED

4-27-01

727-789-2755

CR2E037 (10/00)