2002 UNIFORM BUSINESS REPORT (UBR) FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # N0000007604 1. Entity Name FLORIDA SINGLES GOLF ASSOCIATION, INC. 05-06-2002 90257 034 ****61.25 Principal Place of Business Mailing Address 8852 GREAT COVE DR POST OFFICE BOX 182001 ORLANDO FL 32835 CASSELBERRY FL 32718-2001 HUUUJUAY 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3691641 Not Applicable DVIED Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mae Peterson Street Address (P.O. Box Number is Not Acceptable) WARGO, MICHAEL 8852 GREAT COVE DR ORLANDO FL 32819 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 MAE C. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **VPD** VPD TITLE Delete TITLE Change ☐ Addition FISHER, CAROLYN NAME NAME RUSSELL, KEITH STREET ADDRESS STREET ADDRESS 2618 Brecca Court 2375 WESTMINSTER TER CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 FL 32712 ☐ Addition TD ☐ Delete TITI F ☐ Change TITLE NAME WATSON, THOMAS NAME STREET ADDRESS STREET ADDRESS 600 KNOWLES AVE. APT 7 CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL 32789 🔀 Delete 🛴 👡 💢 Change Addition TITLE TITLE NAME WARGO, MICHAEL NAME Peterson, Mae 1937 Crystal Downs Court STREET ADDRESS STREET ADDRESS 8852 GREAT COVE DR CITY-ST-7IP CITY-ST-7IP ORLANDO FL 32819 Oviedo, FL 32765 TITLE SD ☐ Delete TITLE ☐ Change Addition TREDRAY, BEVERLY NAME NAME STREET ADDRESS STREET ADDRESS 4626 SADDLEWORTH CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32826 ☐ Delete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Date

Daytime Phone *

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR