

7/31

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90103 043 \*\*\*\*61.25

**DOCUMENT # N01000007731****ALUMNI GOLF ASSOCIATION OF AMERICA, INC.**

Principal Place of Business

Mailing Address

2145 HAWK CREST DRIVE EAST  
JACKSONVILLE FL 322592145 HAWK CREST DRIVE EAST  
JACKSONVILLE FL 32259

98411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1148432

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.9. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PO  
SKOLNICK, JAY *President* ☐ Delete  
2145 HAWK CREST DRIVE EAST  
JACKSONVILLE FL 32259TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
LEARY, MICHAEL J ☒ Delete  
2145 HAWK CREST DRIVE EAST  
JACKSONVILLE FL 32259TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
MORRISSETT, MICHAEL R ☐ Delete  
2145 HAWK CREST DRIVE EAST  
JACKSONVILLE FL 32259TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
MORRISSETT, MICHAEL R ☒ Delete  
2145 HAWK CREST DRIVE EAST  
JACKSONVILLE FL 32259TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MATHIS, DONALD CHRM. ☐ Delete  
2145 HAWK CREST DRIVE EAST  
JACKSONVILLE FL 32259TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GOO  
LEARY, MICHAEL J *Gen. Off. Vice Pres.* ☐ Delete  
2145 HAWK CREST DRIVE EAST  
JACKSONVILLE FL 32259TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/02

(904) 287-3993

Day

Daytime Phone #

CR2E037 (4/02)