

FILED

Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90395 001 *****61.25

06-03-2005 90395 002 *****8.75

DOCUMENT # N03000009800

1. Entity Name
MJH GOLF CLASSIC, INC.Principal Place of Business
3741 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33610 USMailing Address
P.O. BOX 311394
TAMPA, FL 33680 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
27-0070897Applied 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

MOTT, OLIN
3741 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33610

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

OLIN MOTT

5/25/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 20059. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
MOTT, OLIN
3741 EAST HILLSBOROUGH AVENUE
TAMPA, FL 33610 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
EDMUNDS, ED
6403 HARNEY ROAD
TAMPA, FL 33610 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
HAFNER, JOSEPH C
1408 SWANN AVENUE
TAMPA, FL 33606 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ELSWICK, JIM
2718 CRESTFIELD DR.
VALRICO, FL 33594 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
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:

OLIN MOTT

5/25/05

(813) 237-3945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #