

2000 UNIFORM BUSINESS REPORT (UBR)

2/

FILED

May 11, 2000 8:00 am
Secretary of State

02-21-2000 90024 046 ****61.25

DOCUMENT # N15035

1. Entity Name

JUNIOR GOLF ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

P O BOX 180955
CASSELBERRY FL 32718
US

C/O FRED VENTURONI
P.O. BOX 180955
CASSELBERRY FL 32795-3456
US

2. Principal Place of Business

3. Mailing Address

PO Box 941459
Suite, Apt. #, etc.

PO Box 941459
Suite, Apt. #, etc.

City & State

Maitland, FL
Zip Country

32794-1459

City & State

Maitland, FL
Zip Country

32794-1459

4. FEI Number

59-2805308

Applied For

Not Applicable

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

VENTURONI, FREDERICK C.
1650 APACHE TRAIL
MAITLAND FL 32751

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	P	<input type="checkbox"/> Delete
NAME	FREEMON, MARK	
STREET ADDRESS	1055 TUSCOMY PLACE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POSNER, KEN	
STREET ADDRESS	ROLLINS COLLEGE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VENTURONI, FRED	
STREET ADDRESS	1650 APACHE TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLELLON, RICHARD	
STREET ADDRESS	3436 BUTTON BUSH DR	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIBBS, DONALD	
STREET ADDRESS	2011 EAST LAKE DR.	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	RODNEY BICKNELL	<input type="checkbox"/> Delete
NAME	768 MINERVA LANE	
STREET ADDRESS	LAKE MARY, FL 32746	
CITY-ST-ZIP		

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freeman, Mark	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" 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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodney Bicknell	
STREET ADDRESS	768 Minerva Lane	
CITY-ST-ZIP	Lake Mary, FL 32746	

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 another like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

407-236-5826

Daytime Phone #

CR2E037 (9/99)