DOCUMENT # N1579	7	,				
PALMETTO JUNIOR GOLF ASSOC	•		FILED	)		
Principal Place of Business Mailing Address		a.	<b>→</b> 0	00 DEC -5 AM 9:44		
% ALLEN WEITZEL BRIAR BAY, 9373 S.W. 134 ST. MIAMI FL 33176	% ALLEN WEITZEL BRIAR BAY, 9373 S.W. 134 ST. MIAMI FL 33176		SECRETARY OF STATE TALLAHASSEE FLORIDA			
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		PG NOT WRITEIN	THIS GRACE	
City & State	City & State	···	4. FEI Numbe	59-2775066		oplied For ot Applicable
Zip Country	Zip .	Country	5. Certificate of	of Status Desired	\$9.75 44	ditional
6. Name and Address of Curre	nt Registered Agent		7. Name and	Address of New Regist		
WEITZEL, ALAN % BRIAR BAY 9373 S.W. 134 ST.		Street Addres	ss (P.O. Box Number	is Not Acceptable)		
MIAMI FL 33176		City			FL Zip Cod	le
8. The above named entity submits this statement	for the purpose of changing its	registered office or regis	stered agent, or both	, in the state of Florida.		
SIGNATURE Ala Wait 20   Signature, typed or printed name of registered agr	ant and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating)	,	1/21/00	- <u> </u>
FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be	9. Election Carn \$236.25 Trust Fund Ca		\$5.00 May Be Added to Fees		eck Payable to ment of State	)
10. OFFICERS AND I		11.	ADDITIONS/CHA	NGES TO OFFICERS A		
NAME BROWN, ERIC STREET ADDRESS 10191 S.W. 102 AVE.	☐ Delete	NAME STREET ADDRESS	3	000035 -12/20/0	□ Change □ <b>1379</b> 3 □01053	□ Addition   §
CRY-ST-ZIP MIAMI FL TITLE T	Delete	CITY-ST-ZIP		****236	- 25 →****2	009   E
NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE D	☐ Delete	TITLE	·		☐ Change	Addition
WEITZEL, AL- STREET ADDRESS CITY-ST-ZIP MIAMI FL		STREET ADDRESS CITY-ST-ZIP				The Third Theorem, Sand The
TITLE NAME STREET ADDRESS CITY-ST-ZIP DAVIS, BARBARA 10021 SW 141ST ST. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2iP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			,	Addition CE
12. I hereby certify that the information supplied w indicated on this report or supplemental report of the corporation or the receiver or trustee em changed, or on an attachment with an address	t is true and accurate and that n Dowered to execute this report	ny signature shall have th as required by Chapter f	ne same legal effect	as if made under oath: t	hat I am an officer	or director
		Elwodtza		1 ,		l l

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