

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21116

1. Entity Name

INTERNATIONAL SENIORS AMATEUR GOLF SOCIETY, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90116 018 ****61.25

Principal Place of Business

Mailing Address

4 ELMWOOD LANE
ASHVILLE NC 28803
US

4 ELMWOOD LANE
ASHEVILLE NC 28803-2010
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2803351

Applied For

Not Applied

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

THORNTON, JOHN
19485 -40TH AVE
N. MIAMI BCH FL 33160

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 ☒ Delete
NAME FITZGERALD, JACK
STREET ADDRESS 5141 SE BURNINGTREE CIR
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☒ Additio
NAME V. President
STREET ADDRESS Tom mehen
CITY-ST-ZIP 2831 East Highland
Scottsdale, AZ 85251

TITLE ☐ Delete
NAME J. GRANT WALLACE
STREET ADDRESS 2175 DOUGLASBANK CRES S.E.
CITY-ST-ZIP CALGARY AB

TITLE ☒ Change ☐ Additio
NAME President
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME JONES, BARRY
STREET ADDRESS 1341 WRENFIELD WAY
CITY-ST-ZIP VILLANOVA PA

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME MORRISON, JAMES
STREET ADDRESS 124 SILVERMIST CT
CITY-ST-ZIP LITTLE SILVER NJ 07739

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ROSS, OBLEY
STREET ADDRESS 802 SLASH PINE COURT
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ED
STREET ADDRESS THORNTON, JOHN
CITY-ST-ZIP 4 ELMWOOD LANE
ASHEVILLE NC 28803

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
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.

SIGNATURE: **RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2000 828-277-9002

Date

Daytime Phone #