

# 2000 UNIFORM BUSINESS REPORT (UBR)

0079764

DOCUMENT # N93000000601

1. Entity Name

GOLF ORIENTED LEADERSHIP FOUNDATION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 22 AM 9:30

Principal Place of Business

Mailing Address

P.O. BOX 491324  
FORT LAUDERDALE FL 33349-1324  
US

P.O. BOX 491324  
FT. LAUDERDALE FL 33349-1324  
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

65-0386998

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

EGGELLETION, JOSEPHUS JR  
3376 NW 21ST ST  
LAUDERDALE LAKES FL 33311

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/D  
NAME EGGELLETION, JOSEPHUS JR  
STREET ADDRESS 3376 NW 21ST ST  
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE  
NAME  
STREET ADDRESS 400003261394--1  
CITY-ST-ZIP -05/22/00--01073--001

TITLE D  
NAME HAGAN, LARRY  
STREET ADDRESS 3711 NW 109 AVE.  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME REYNOLDS, DWIGHT  
STREET ADDRESS 1640 WEST OAKLAND PARK BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME THOMPSON, GERALD  
STREET ADDRESS 2633 NE 3RD AVE.  
CITY-ST-ZIP WILTON MANORS FL 33334

TITLE  
NAME PAULA TUCKER  
STREET ADDRESS 17741 NW 28th Ct  
CITY-ST-ZIP Miami, FL 33056

TITLE D  
NAME BUTLER, CHUCK  
STREET ADDRESS 10401 NW 40TH PLACE  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME HUTCHINSON, WILLIAM  
STREET ADDRESS 514 SE 7 STREET  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)