

2000 UNIFORM BUSINESS REPORT (UBR)

76

DOCUMENT # N95000002782

1. Entity Name

THE FLORIDA CHAPTER OF THE NATIONAL GOLF COURSE

FILED
Aug 23, 2000 8:00 am
Secretary of State

07-28-2000 90145 017 ****61.25

Principal Place of Business

2801 KISSIMMEE BAY BLVD
 KISSIMMEE FL 34744

Mailing Address

P. O. BOX 951422
 STE 202
 LAKE MARY FL 32795-1422
 US

2. Principal Place of Business

290 WAYMONT CT

3. Mailing Address

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Lake Mary, FL

Zip

Country

Zip

Country

32746

Seminole

6. Name and Address of Current Registered Agent

STINE, WILLIAM
 2801 KISSIMMEE BAY BLVD
 KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name Michael W. Jamison

Street Address (P.O. Box Number is Not Acceptable)

290 WAYMONT CT #100

City

Lake Mary

FL

Zip Code

32746

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]

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

(NOTE: Registered Agent signature required when reinstating)

7/13/00

DATE

FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PB	STINE, WILLIAM	2801 KISSIMMEE BAY BLVD	KISSIMMEE FL 34744	
VD	FINCH, RAYMOND JR	2100 EMERALD DUNES DR	WEST PALM BEACH FL 33411	<input checked="" type="checkbox"/> Delete
Director	JAMISON, MICHAEL W.	290 WAYMONT CT, SUITE 100	LAKE MARY FL 32746	<input type="checkbox"/> Delete
RESERVED				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Treasurer / Trustee	Linda G. Jamison	290 Waymont Ct #100	LAKE MARY, FL 32746	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/00

DATE

407-330-5895

Daytime Phone #