

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90200 003 \*\*\*\*61.25

**DOCUMENT # N95000002782**

1. Entity Name

**THE FLORIDA CHAPTER OF THE NATIONAL GOLF COURSE  
OWNERS ASSOCIATION, INC.**



Principal Place of Business

**556 TETON ST  
LAKE MARY FL 32746**

Mailing Address

**P. O. BOX 951422  
LAKE MARY FL 32795-1422  
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 **59-3475661**

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

**FARROW, MARK  
3958 CORVETA COURT  
ORLANDO FL 32837**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE - NAME	<b>VD FINCH, RAYMOND JR</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2100 EMERALD DUNES DR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE - NAME	<b>D JAMISON, MICHAEL W.</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>556 TETON ST.</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE - NAME	<b>TTR JAMISON, LINDA G</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>556 TETON ST</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME	<b>D MARK FARROW</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2995 REMINGTON BLVD</b>	
CITY-ST-ZIP	<b>KISSIMEE FL 34744</b>	
TITLE - NAME	<b>D BIL STINE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2995 REMINGTON BLVD</b>	
CITY-ST-ZIP	<b>KISSIMEE FL 34744</b>	
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)