

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

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90073 020 ****61.25

DOCUMENT # N95000003233

1. Entity Name

SOUTHWEST FLORIDA JUNIOR GOLF ASSOCIATION, INC.



Principal Place of Business

**8695 COLLEGE PKWY
STE 304
FORT MYERS FL 33919**

Mailing Address

**8695 COLLEGE PKWY
STE 304
FORT MYERS FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0593677**

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

**WHITWORTH, GREGORY D
1345-A CRYSTAL WAY
DELRAY BEACH FL 33444**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
NAME **MASTERS, DAVE**
STREET ADDRESS **312 SW 2ND AVE**
CITY-ST-ZIP **CAPE CORAL FL 33991**

Secretary ☐ Change ☒ Addition
NAME **Candy Burgess**
STREET ADDRESS **1417 S.E. 12TH TERRACE**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

V ☐ Delete
NAME **LEWIS, GARY A**
STREET ADDRESS **880 3RD STREET**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

Director ☒ Change ☐ Addition
NAME **GARY LEWIS**
STREET ADDRESS **880 3RD ST.**
CITY-ST-ZIP **FT. MYERS BEACH, FL 33931**

S ☐ Delete
NAME **BURGESS, BOB**
STREET ADDRESS **1417 S E 12TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

President ☒ Change ☐ Addition
NAME **BOB BURGESS**
STREET ADDRESS **1417 S.E. 12TH TERRACE**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

D ☐ Delete
NAME **HUTNIK, STEVE**
STREET ADDRESS **8849 BANYAN COVE**
CITY-ST-ZIP **FORT MYERS FL 33919**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
NAME **LEWIS, JEANNE**
STREET ADDRESS **880 3RD ST**
CITY-ST-ZIP **FT MYERS BEACH FL**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

P ☐ Delete
NAME **SHERMAN, DONALD**
STREET ADDRESS **1572 ARGYLE DR**
CITY-ST-ZIP **FT MYERS FL 33919**

Director ☒ Change ☐ Addition
NAME **DONALD SHERMAN**
STREET ADDRESS **1572 ARGYLE DR**
CITY-ST-ZIP **FT. MYERS FL 33919**

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:

DAVID MASTERS REQUIRED

1/7/03

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CR2E037 (10/02)