

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90092 045 ****61.25

DOCUMENT # N96000001704 1. Entity Name THE GARY PLAYER FOUNDATION, INC.					
Principal Place of Business 3930 RCA BLVD STE 3001 PALM BEACH GARDENS, FL 33410 US			Mailing Address 3930 RCA BLVD STE 3001 PALM BEACH GARDENS, FL 33410 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 31-1485046				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <u>Marc B. Player</u> Street Address (P.O. Box Number is Not Acceptable) <u>3930 RCA BLVD</u> <u>Suite 3001</u> City <u>Palm Beach Gardens FL</u> Zip Code <u>33410</u>		
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 <u><i>Marc Player</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <u>2/6/07</u> DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POKORNY, JAMES R 3550 LANDER ROAD, STE 200 PEPPER PIKE, OH 44124	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLAYER, MARC B 3930 RCA BLVD STE 3001 PALM BCH GARDENS, FL 33410	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMPBELL, PAMELA J 3930 RCA BLVD STE 3001 PALM BCH GARDENS, FL 33410	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 my address with all other like empowered.					
SIGNATURE: <u><i>Marc Player</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>2/6/07</u> <u>561-624-0300</u> Date Daytime Phone #	

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