

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

0011121

**DOCUMENT # N97000004659**

1. Entity Name

**FLORIDA GOLF ALLIANCE, INC.**

*(Handwritten initials: JA)*

Principal Place of Business

**3019 FOREST CLUB DRIVE  
 PLANT CITY FL 33567**

Mailing Address

**3019 FOREST CLUB DRIVE  
 PLANT CITY FL 33567**

**RU0061020**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3462998**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CRIST, GARY M ESQ.  
 1150 S. U.S. HWY. #1  
 SUITE 401  
 JUPITER FL 33477**

7. Name and Address of New Registered Agent

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**  
**After September 12, 2001, 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: **PD**  Delete  
 NAME: **GARL, RON**  
 STREET ADDRESS: **704 S. MISSOURI**  
 CITY-ST-ZIP: **LAKELAND FL 33801**

TITLE: **VD**  Delete  
 NAME: **BATES, ROY**  
 STREET ADDRESS: **1808 IMPERIAL C.C. BLVD.**  
 CITY-ST-ZIP: **NAPLES FL 34110**

TITLE: **SD**  Delete  
 NAME: **JACKSON, JOEL**  
 STREET ADDRESS: **6780 TAMARIND CIR**  
 CITY-ST-ZIP: **ORLANDO FL 32819**

TITLE: **TD**  Delete  
 NAME: **BRENNAN, JACK**  
 STREET ADDRESS: **3019 FOREST CLUB DR**  
 CITY-ST-ZIP: **PLANT CITY FL 33567**

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 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:

*(Handwritten Signature: Roy Bates)*

CRE037 (5/01)