

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006289 ✓

1. Corporation Name

UNITED STATES GOLF FOUNDATION, INC.

Principal Place of Business

2665 WEST EDGEWATER DRIVE
PALM BEACH GARDENS FL 33410

Mailing Address

2665 WEST EDGEWATER DRIVE
PALM BEACH GARDENS FL 33410

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90004 045 ****61.25



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/06/1997

4. FEI Number

65-0792954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JAMES, KEITH A
1655 PALM BEACH LAKES BOULEVARD
SUITE 810 TOWER C
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SAVIGNAC, KRIS O
STREET ADDRESS 2665 WEST EDGEWATER DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE D ☒ DELETE

NAME BARNES, MATTHEW
STREET ADDRESS 370 CADALEIGH COURT
CITY-ST-ZIP ALPHARETTA GA 30202

TITLE D ☒ DELETE

NAME BARNES, MATTHEW
STREET ADDRESS 435 NEWHAVEN DR
CITY-ST-ZIP SUWANEE GA 30021

TITLE D ☐ DELETE

NAME DAVIS, MARK
STREET ADDRESS 15604 84TH AVE N
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME MICHAEL SPILLANE
1.3 STREET ADDRESS 4666 WADITA-KA WAY
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33417

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME GREG PHENEGER
2.3 STREET ADDRESS 607 CYPRESS ROAD
2.4 CITY-ST-ZIP VERO BEACH, FL 32963

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SAVIGNAC

8/20/99

561-379-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)