2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-14-2002 90002 016 ****61.25

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1. Entity Name

THE BROKEN TEE AMATEUR GOLFERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2512 TOMOKA AVENUE TITUSVILLE FL 32780	2512 TOMOKA AVENUE TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ 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
FAYSON, GEORGE L SR. 2512 TOMOKA AVENUE TITUSVILLE FL 32780	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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ DT FAYSON, GEORGE L 2512 TOMOKA AVENUE TITUSVILLE FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CORPENING THOMAS 1650 TEE CIRCLE TITUSVILLE, FL 32780 DP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HOLMES, WILLIE L JR. 1190 BAY DRIVE EAST INDIAN HEAD BEACH FL 32937	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COOPER, THOMAS 7255 CARILLON AV DV PORT ST. JOHN, FL 32927	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ CORPENING, THOMAS DP 1650 TEE CIRCLE TITUSVILLE FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAL BAXTER 959 SABLE GROVE DR DS ROCKLEDGE, FL 32955	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ D CARROLL, NAPOLEON 3160 ARGYLE ROAD TITUSVILLE FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GLADYS E. FAYSON 2512 TOMOKA AV DS TITUSVILLE, FL 32780	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DV~~ DV COOPER, THOMAS N 7255 CARILLON AVE. PORT ST JOHN FL 32927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FAYSON, GEORGE L. 2512 TOMOKA AV DT TITUSVILLE, FL 32780	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLATCH, ARTHUR C 1148 GROVES DR. ROCKLEDGE FL 32955	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JIMMY ALEXANDER 1595 PUTTER CT. D TITUSVILLE, FL 32780	☐ Change ☑ Addition

CR2E037 (9/01)

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 GEORGE L. FAYSON 1-29-02 (321)267-6749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #