

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004323

1. Entity Name

GOLD COAST JUNIOR GOLF FOUNDATION, INC.

FILED

Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90055 028 ****61.25

Principal Place of Business

11023 NW 54TH CT.
CORAL SPRINGS FL 33071

Mailing Address

11023 NW 54TH CT.
CORAL SPRINGS FL 33071

2. Principal Place of Business

6550 NORTH FEDERAL HWY
330

3. Mailing Address

6550 N FEDERAL HWY
330

Suite, Apt. #, etc.

FT. LAUDERDALE, FL

33308

USA

Suite, Apt. #, etc.

FT. LAUDERDALE, FL

33308

BLUSA

4. FEI Number

65-0861322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75. Additional
Fee Required

6. Name and Address of Current Registered Agent

AMORIELLO, PAULA S
11023 NW 54TH CT.
CORAL SPRINGS FL 33071

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

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 D ☐ Delete
NAME AMORIELLO, PAULA
STREET ADDRESS 11073 NW 54TH CT
CITY-ST-ZIP CORAL SPGS FL 33071

TITLE D ☐ Delete
NAME MCKINNEY, WAYNE
STREET ADDRESS 419 NW 13TH DRIVE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE DVP ☐ Delete
NAME LATIMER, ALFRED L
STREET ADDRESS 6550 N. FEDERAL HWY #220
CITY-ST-ZIP FT LAUDERDALE FL 337-F

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D TOURNAMENT DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D TREASURER ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D VP ☐ Change ☒ Addition
NAME SCOTT THOMPSON
STREET ADDRESS 1795 E EAGLE TRACE BLVD
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE D SECRETARY ☐ Change ☒ Addition
NAME RONALEE MEIER
STREET ADDRESS 10083 NW 48th COURT
CITY-ST-ZIP CORAL SPRINGS, FL 33076

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)