

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 01, 2002 8:00 am**  
**Secretary of State**

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

**DOCUMENT # N98000004323**

1. Entity Name

**GOLD COAST JUNIOR GOLF FOUNDATION, INC.**

Principal Place of Business

11023 NW 54TH CT.  
 CORAL SPRINGS FL 33071

*CHANGE*

Mailing Address

11023 NW 54TH CT.  
 CORAL SPRINGS FL 33071

2. Principal Place of Business

**6550 NORTH FEDERAL HWY**  
 Suite, Apt. #, etc. **# 330**

3. Mailing Address

**6550 N FEDERAL HWY**  
 Suite, Apt. #, etc. **# 330**



DO NOT WRITE IN THIS SPACE

City & State  
**FT. LAUDERDALE, FL**

City & State  
**FT. LAUDERDALE, FL**

4. FEI Number  
**65-0861322**

Applied For  
 Not Applicable

Country  
**USA**

Zip  
**33308**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AMORIELLO, PAULA</b>	
STREET ADDRESS	<b>11073 NW 54TH CT</b>	
CITY-ST-ZIP	<b>CORAL SPGS FL 33071</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCKINNEY, WAYNE</b>	
STREET ADDRESS	<b>419 NW 13TH DRIVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>LATIMER, ALFRED L</b>	
STREET ADDRESS	<b>6550 N. FEDERAL HWY #220</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 337-F</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D TOURNAMENT DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCOTT THOMPSON</b>	
STREET ADDRESS	<b>1795 E EAGLE TRACE BLVD</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>	
TITLE	<b>D SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RONALEE MEIER</b>	
STREET ADDRESS	<b>10083 NW 48th COURT</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33076</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

*Treasurer* 1/14/02

954 491 7233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)