

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** Country **USA**

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

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

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

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