

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90213 027 *****61.25

DOCUMENT # N98000005514

1. Entity Name

PARTLY OPEN GOLF TOURNAMENT, INC.

Principal Place of Business

Mailing Address

**700 E. ATLANTIC BLVD., SUITE 102
POMPANO BEACH FL 33060****700 E. ATLANTIC BLVD., SUITE 102
POMPANO BEACH FL 33060**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0275423

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STRULOWITZ, HAROLD
STRULOWITZ, BUREN & CO. C.P.A.
7800 N. UNIVERSITY DRIVE, SUITE 200
TAMARAC FL 33321**

Name

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

City

FL

Zip Code

8. The above named entity is this state's sole proprietor, partner, officer or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent (signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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** ☐ Delete
NAME **KNOWLES, JAMES D**
STREET ADDRESS **96 SOUTHWEST 114 TERR.**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **KNOWLES, MAXINE C**
STREET ADDRESS **96 SOUTHWEST 114 TERR.**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **KNOWLES, MARLEY B**
STREET ADDRESS **4901 38TH WAY SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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 life empowered.

SIGNATURE:

SIGNATURE

1-23-02 9549430795

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