

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000001714**

1. Entity Name

SERTOMA JUNIOR GOLF TOUR, INC.**FILED****May 05, 2002 8:00 am**
Secretary of State

05-05-2002 90060 016 ****61.25

Principal Place of Business

**3129 GOLFVIEW RD
SEBRING FL 33872**

Mailing Address

**3808 MONZA DR
SEBRING FL 33872**

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

65-0918904

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****GOSSETT, GARY R JR
2221 U.S. HIGHWAY 27 SOUTH
SEBRING FL 33870**

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 \$61.259. 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BEST, CHUCK
90 LAKE TROUT DRIVE
AVON PARK FL 33825**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
HARRINGTON, LAURIE
2221 U.S. HIGHWAY 27 SOUTH
SEBRING FL 33870**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GENTRY, PAMELA S
3808 MONZA DRIVE
SEBRING FL 33872**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WALKUP, PATRICIA
3703 SUNRISE DRIVE
SEBRING FL 33872**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCLURG, THOMAS E
5333 CAIRO DRIVE
SEBRING FL 33870**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

PAMELA S. GENTRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4-17-02 863-471-6324
Date Daytime Phone #

CR2E037 (9/01)