

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90104 001 ***122.50

DOCUMENT # P18377

1. Entity Name

NATIONAL GOLF FOUNDATION I, INC.

Principal Place of Business

Mailing Address

1150 SOUTH U.S. HIGHWAY 1
 SUITE 401
 JUPITER FL 33477
 US

1150 SOUTH U.S. HIGHWAY 1
 SUITE 401
 JUPITER FL 33477-7226
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2921655

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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: VCD Delete
 NAME: BARROW, JOE LOUIS J
 STREET ADDRESS: 12364 ALAMEDA PKW
 CITY-ST-ZIP: LAKEWOOD CO

TITLE: Chairman Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Vice-Chairman Change Addition

TITLE: SDT Delete
 NAME: DAVIS, CINDY
 STREET ADDRESS: 6201 MOUNTAIN VIEW ROAD
 CITY-ST-ZIP: OOLTEWAH TN 37363

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Director Change Addition

TITLE: D Delete
 NAME: ABRAIN, ED
 STREET ADDRESS: 333 BRIDGE ST
 CITY-ST-ZIP: FAIRHAVEN MA

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: CD Delete
 NAME: MAXON, ROBERT
 STREET ADDRESS: 1120 AVENUE OF THE AMERICAS
 CITY-ST-ZIP: NEW YORK NY

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: PCEO Delete
 NAME: BEDITZ, JOSEPH F.
 STREET ADDRESS: 1150 S. U.S. HWY. ONE, SUITE 401
 CITY-ST-ZIP: JUPITER FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: D Delete
 NAME: CREELMAN, SCOTT
 STREET ADDRESS: 425 MEADOW STREET
 CITY-ST-ZIP: CHICOPEE MA

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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: *Joseph F. Beditz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph F. Beditz

3/24/00

561-744-6006

Date

Daytime Phone #

CR2E037 (9/99)