

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90527 001 ***122.50

63121



DO NOT WRITE IN THIS SPACE

DOCUMENT # P18377
 1. Entity Name
NATIONAL GOLF FOUNDATION I, INC.

Principal Place of Business 1150 SOUTH U.S. HIGHWAY 1 SUITE 401 JUPITER FL 33477 US	Mailing Address 1150 SOUTH U.S. HIGHWAY 1 SUITE 401 JUPITER FL 33477 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country

4. FEI Number 36-2921655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME C BARROW, JOE LOUIS J	STREET ADDRESS 12364 ALAMEDA PKW LAKEWOOD CO	<input type="checkbox"/>
TITLE NAME VC DAVIS, CINDY	STREET ADDRESS 6201 MOUNTAIN VIEW ROAD COLETAH TN 37389	<input type="checkbox"/>
TITLE NAME D ABRAIN, ED	STREET ADDRESS 333 BRIDGE ST FAIRHAVEN MA	<input type="checkbox"/>
TITLE NAME D MAXON, ROBERT	STREET ADDRESS 1120 AVENUE OF THE AMERICAS NEW YORK NY	<input type="checkbox"/>
TITLE NAME PCEO BEDITZ, JOSEPH F.	STREET ADDRESS 1150 S. U.S. HWY. ONE, SUITE 401 JUPITER FL	<input type="checkbox"/>
TITLE NAME D CREELMAN, SCOTT	STREET ADDRESS 425 MEADOW STREET CHICOPEE MA	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME BARROW, JOE	STREET ADDRESS 425 South Legacy Trail St. Augustine, FL 32092	<input checked="" type="checkbox"/>
TITLE NAME 7580 Commerce Center Drive	STREET ADDRESS Orlando, FL 32819-8947	<input checked="" type="checkbox"/>
TITLE NAME	STREET ADDRESS	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	<input type="checkbox"/>
TITLE NAME D HOFFMAN, MICHAEL J.	STREET ADDRESS 8111 Lyndale Avenue South Bloomington, MN 55420-1196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **Joseph F. Beditz** 2/6/01 561-744-6006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)