

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90155 008 \*\*\*\*61.25

**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  
 US

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

**36-2921655**

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

**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: **C**  Delete  
 NAME: **BARROW, JOE**  
 STREET ADDRESS: **425 SOUTH LEGACY TRAIL**  
 CITY-ST-ZIP: **SAINT AUGUSTINE FL 32092**

TITLE: **C**  Change  Addition  
 NAME: **Cindy Davis**  
 STREET ADDRESS: **7580 Commerce Center Drive**  
 CITY-ST-ZIP: **Orlando, FL 32819-8947**

TITLE: **VC**  Delete  
 NAME: **DAVIS, CINDY**  
 STREET ADDRESS: **7580 COMMERCE CENTER DR.**  
 CITY-ST-ZIP: **ORLANDO FL 32819-8947**

TITLE: **VC**  Change  Addition  
 NAME: **David Pillsbury**  
 STREET ADDRESS: **2951 28th Street**  
 CITY-ST-ZIP: **Santa Monica, CA 90405-2961**

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

TITLE: **Secretary/Treasurer**  Change  Addition  
 NAME: **Mark King**  
 STREET ADDRESS: **5545 Fermi Court**  
 CITY-ST-ZIP: **Carlsbad, CA 92008**

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

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

TITLE: **D**  Delete  
 NAME: **HOFFMAN, MICHAEL J.**  
 STREET ADDRESS: **8111 LYNDALE AVE. SOUTH**  
 CITY-ST-ZIP: **BLOOMINGTON MN 55420-1196**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.12.02

Date

(561) 344-6006

Daytime Phone #

CR2E037 (9/01)