

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90319 013 \*\*\*\*61.25

**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**

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, CINDY</b>	
STREET ADDRESS	<b>7580 COMMERCE CENTER DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819-8947</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> Delete
NAME	<b>PILLSBURY, DAVID</b>	
STREET ADDRESS	<b>2951 28TH STREET</b>	
CITY-ST-ZIP	<b>SANTA MONICA CA 90405-2961</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>KING, MARK</b>	
STREET ADDRESS	<b>5545 FERMI COURT</b>	
CITY-ST-ZIP	<b>CARLSBAD CA 92008</b>	
TITLE	<b>PCEO</b>	<input type="checkbox"/> Delete
NAME	<b>BEDITZ, JOSEPH F.</b>	
STREET ADDRESS	<b>1150 S. U.S. HWY. ONE, SUITE 401</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Gloria O'Neal REQUIRED**

**7.26.03 (561) 244-6006**

CR2E037 (10/02)