2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90527 001 ***122.50

DOCUMENT # P18379

1. Entity Name

NATIONAL GOLF FOUNDATION, INC.

63120

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1150 SOUTH U.S. HIGHWAY 1 STE 401 JUPITER FL 33477 US	1150 SOUTH U.S. HIGHWAY 1 STE 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 36-2250699 ☐ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C BARROW, JOE ~~12364 W ALAMEDA PARKWAY~~ ~~LAKEWOOD CO~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 425 South Legacy Trail St. Augustine, FL 32092
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC DAVIS, CINDY ~~6201 MOUNTAIN VIEW ROAD~~ ~~OOLTEWAH TN 37363~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7580 Commerce Center Drive Orlando, FL 32819-8947
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABRAIN, ED 333 BRIDGE STREET FAIRHAVEN MA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAXON, ROBERT 1120 AVE OF THE AMERICAS NEW YORK NY ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO BEDITZ, JOSEPH F. 1150 SO US HWY 1, STE 401 JUPITER FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CREELMAN, SCOTT 425 MEADOW STREET CHIPCOPEE MA ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFMAN, MICHAEL J. 8111 Lyndale Avenue South Bloomington, MN 55420-1196 ☐ Change ☒ Addition

CR2E037 (10/00)

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 Joseph F. Beditz 2/6/01 561-744-6006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #