

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90945 048 \*\*\*150.00

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**DOCUMENT # P97000067511**

1. Entity Name  
**FLORIDA GOLF MANAGEMENT, INC.**



Principal Place of Business  
**3201 W. ROLLING HILLS CIRCLE  
FORT LAUDERDALE FL 33328  
US**

Mailing Address  
**PO BOX 5025  
CORPORATE OFFICE  
BOCA RATON FL 33431  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0793088**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**AMERICAN INFORMATION SERVICES, INC.  
ONE SE THIRD AVENUE 28TH FLOOR  
MIAMI FL 33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Delete
NAME	PIERCE, WILLIAM M	
STREET ADDRESS	501 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROCHON, RICHARD C	
STREET ADDRESS	450 E. LAS OLAS BLVD. #1500	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DAURIA, STEVEN M	
STREET ADDRESS	501 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	SV	<input type="checkbox"/> Delete
NAME	HANDLEY, RICHARD L	
STREET ADDRESS	450 E. LAS OLAS BLVD. #1500	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	APPEGATE, JAMES	
STREET ADDRESS	501 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	P	<input type="checkbox"/> Delete
NAME	FEDER, DAVID S	
STREET ADDRESS	501 E CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33432	

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOOR, WAYNE	
STREET ADDRESS	501 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINOCCHIARO, MARY JO	
STREET ADDRESS	501 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 607, 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 OF REGISTERED AGENT MARY JO FINOCCHIARO 2/4/03 561-447-5300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)