

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000095408****1. Entity Name**
GOLFER ASSOCIATION, INC.**Principal Place of Business**
12730 NEW BRITTANY BLVD #417
FORT MYERS FL 33907**Mailing Address**
PO BOX 61197
FORT MYERS FL 33906-1197**2. Principal Place of Business**
4519 SE 10th Ave.
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.**City & State**
Cape Coral, FL
Zip
33904
Country
Lee**City & State**
Zip
Country**4. FEI Number** 65-0959390**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**GROPP, JOSEPH A JR.
4519 S.E. 10TH AVE.
CAPE CORAL FL 33904**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)**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00.**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** PTD ☐ Delete
NAME GROPP, JOSEPH A JR.
STREET ADDRESS 4519 S.E. 10TH AVE.
CITY-ST-ZIP CAPE CORAL FL 33904**TITLE** VSD ☐ Delete
NAME FILLIEZ, HAROLD L
STREET ADDRESS 3004 SANTA BARBARA BLVD.- REAR UNIT
CITY-ST-ZIP CAPE CORAL FL 33914**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**13. 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 11 or Block 12 if changed, or on an attachment with appropriate authority.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Gropp Jr.

Date

Daytime Phone #

1/5/01 941-540-9961

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90022 050 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)