## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41173

Entity Name: JACK NICKLAUS MUSEUM, INC.

Entity Name. JACK MICKLAGS MIGSEOM, INC

**Current Principal Place of Business:** 

1295 US HIGHWAY ONE THIRD FLOOR NORTH PALM BEACH, FL 33408

## **Current Mailing Address:**

5750 MEMORIAL DR DUBLIN, OH 43017

FEI Number: 65-0220781 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FLEMING HAILE & SHAW P.A. 660 US HIGHWAY ONE SUITE #300 NORTH PALM BEACH, FL 33408 US

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:

Electronic Signature of Registered Agent

Date

FILED Mar 07, 2023

**Secretary of State** 

2178315482CC

## Officer/Director Detail:

Title	P	TITLE	CFO
Name	LAROCCA, NICHOLAS	Name	JANKOVIC.

NameLAROCCA, NICHOLASNameJANKOVIC, JOHNAddress5750 MEMORIAL DRAddress5750 MEMORIAL DRCity-State-Zip:DUBLIN OH 43017City-State-Zip: DUBLIN OH 43017

Title AS Title D

NameMAHER, DANIELNameKESSLER, JOHN WAddress5750 MEMORIAL DRAddress5750 MEMORIAL DRCity-State-Zip:DUBLIN OH 43017City-State-Zip:DUBLIN OH 43017

Title D Title D

Name NICKLAUS, II J Name NICKLAUS, BARBARA B.
Address 1295 US HIGHWAY ONE Address 1295 US HIGHWAY ONE

THIRD FLOOR THIRD FLOOR

7in: NORTH PALM BEACH FL 33408 City-State-Zip: NORTH PALM BEACH FL 33408

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**CFO** 

Electronic Signature of Signing Officer/Director Detail