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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N96000001704 (3)

THE GARY PLAYER FOUNDATION, INC.

FILED
Mar 31 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address										1 101			# #		BBIII BBII	00161 110		
3930 RCA BLVD				3930 RCA BLVD					3. 1	Date In	cornor	rated	or Ou	alified				
STE 3001				STE 3001					"		/29/1							
PALM BEACH GARDENS FL 33410				PALM BEACH GARDENS FL 33410 US					4.	FEI Nu		000		<i>,</i>			A	pplied For
										-31	148	3040	- 6	5-	0704	203	N	ot Applicable
_	cipal Place of Bus	iness		2a. Mailing Address					Б. (Certific	ate of	Status	s Des	ired				Additional
21	- 4-4 # -t-		26	26														equired
Suite, Apt. #, etc.				Suite, Apt. #, etc.						Election				ncing				May Be
22 City & State			2/	City & State						Trust Fu			-	ion a h	omeowr			o Fees
23	C C.a.s			28					'''	io tino i	ion ipi o	iii co	poras		Yes	☐ No		711
Zip		Country		Zip Country					8. 1	This co	rporati	on ov	ves or	has p	aid the	current y	ear In	tangible
24		25	29		30					Persona		<u> </u>	_			☐ Ye] No
	9. Name	and Address of Curr	ent Regist	tered Agent			-		10.	Name :	and A	ddres	s of	New Ro	gistere	d Agen	<u>t </u>	
				•••		81	'	Name										
		STERED AGENT CO	RPORATI	ON		82	2	Street Addr	iress (P.0	O. Box	Numb	er is l	Not A	ccepta	ble)			
	1 BRICKELL AVI	ENUE				83	<u>.</u>			-						- 0		
	ITE 300					~												
MV	AMI FL 33131					84	4	City							F	85	Zip	Code
11. Pur	rsuant to the provi	sions of Sections 617.05	02 and 61	7.1508. Florida Sta	atutes t	he abov	VA-r	named corn	noration	submit	a this	steter	nent f	or the		_	aina i	ts registered
l of fi	ce or registered a	gent, or both, in the Sta with, and accept the obli	te of Floric	la. Such chance wa	as autho	orized b	ov ti	he corporat	tion's bo	oard of	directo	ors. I	hereb	у ассе	pt the a	ppointm	ent as	registered
_		viiii, and accept the obli	galions of	, Section of r.coops,	, Florius	a Statute	Ja.											
SIGNAT		d or printed name of registered a	gent and title	l applicable. (I	NOTE: Rec	gistered Ag	gent	signature requir	ired when re	reinstating					DATE			
12.		OFFICERS A	ND DIREC			13.			Αl	DDITIO	NS/CH	IANG	ES TO	OFFI	CERS A			RS IN 12
TITLE	VP			☐ DELETE		1.1 TITLE											hange	Addition
NAME		ND, LES				1.2 NAME												
STREET AC	4	1.3 \$.3 STREET ADDRESS													
CITY-ST-		PALM BCH GARDENS FL 33410					1.4 CITY-ST-ZIP											Addist
TITLE	DECDO	OTC MICHAEL C		☐ DELETE	ı	2.1 TITLE		1								L. 0	hange	Addition
NAME Street ac		ote, Michael G 'Oria Street P o e	оч ши	INCE	ľ	2.2 NAME		DDDC00										
CITY-ST-						2.3 STREET ADDRESS 2. 4 City-St-Zip												
TITLE	\$	ON HM EX BE 33410	'	☐ DELETÉ	_	3.1 T/TLE		· Ar									hange	Addition
NAME	PLAYER	I. MARC B				3.2 NAME										_		
STREET AD	1	1 222 22 22 22 22 22 22 22 22 22 22 22 2					3.3 STREET ADDRESS											
CITY-ST-		ICH GARDENS FL 33	410			3.4. CITY-	-ST-	ZIP										
TITLE	1			☐ DELETE		4.1 TITLE	_	1								□ c	hange	☐ Addition
NAME		ell, pamela j				4. 2 NAME	E											
STREET AD		CA BLV STE 3001				4.3 STREE	T AD	XDRESS										
CITY-ST-	ZIP PALM B	ICH GARDENS FL 33	410			4.4 CITY-		ZIP										
TITLE	D			☐ DELETE		5.1 TITLE										Ц°	hange	Addition
NAME		H, ARLEN B				5.2 NAME												
STREET AD	I	EST PARKWAY BLVD	,			5.3 STREE		- 1										
CITY-ST-2	ZIP SALI LI	AKE CITY UT 84119		☐ DELETE		5.4 CITY- 6.1 TITLE		ZIP					-				hanne	Addition
NAME	<u>'</u>	, GARY J				6.2 NAME											-wigo	LI AUDIOUIT
STREET AD		CA BLVD, SUITE 300	1			6.3 STREE		IDRESS										
CITY-ST-2		EACH GARDENS FL				6.4 CITY-:												
14. I be	reby certify that the	e information supplied	with this fi	ling does not qualif	v for the	a exemi	ntin	n stated in t	Section	119.07	'(3)(i),	Floric	la Sta	tutes. I	further	certify th	at the	information
indi offic	icated on this annu cer or director of the	ual report or supplement he corporation of the re- if changed, or or an att	tal annual ceiver or te	report is true and a ustee empowered	accurati to exec	e and the	nat i	my signatur port as r equ	ire shall l uired by	have the Chapt	e sam er 617	e leg , Flori	al effe ida St	ect as fatutes:	f made i and tha	under oa t my nai	ath; th	at I am an pears in
Blo	ck 12 or Block 13	if changed, or the att	achment	vith an address.		_										1		