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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001704

1. Corporation Name

THE GARY PLAYER FOUNDATION, INC.

Principal Place of Business
3930 RCA BLVD
STE 3001
PALM BEACH GARDENS FL 33410
US

Mailing Address
3930 RCA BLVD
STE 3001
PALM BEACH GARDENS FL 33410
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/29/1996

4. FEI Number
65-0704203

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 300
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☒ DELETE
NAME KIRKLAND, LES
STREET ADDRESS 3930 RCA BLVD STE 3001
CITY-ST-ZIP PALM BCH GARDENS FL 33410

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Michelle R. Jaminet
1.3 STREET ADDRESS 3930 RCA Blvd., Ste 3001
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE D ☐ DELETE
NAME DECROOTE, MICHAEL G
STREET ADDRESS 11 VICTORIA STREET P O BOX HM 1065
CITY-ST-ZIP HAMILTON HM EX BE 33410

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME PLAYER, MARC B
STREET ADDRESS 3930 RCA BLVD STE 3001
CITY-ST-ZIP PALM BCH GARDENS FL 33410

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME CAMPBELL, PAMELA J
STREET ADDRESS 3930 RCA BLV STE 3001
CITY-ST-ZIP PALM BCH GARDENS FL 33410

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CROUCH, ARLEN B
STREET ADDRESS 2200 WEST PARKWAY BLVD
CITY-ST-ZIP SALT LAKE CITY UT 84119

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME PLAYER, GARY J
STREET ADDRESS 3930 RCA BLVD, SUITE 3001
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michelle R. Jaminet **Michelle R. Jaminet**

04.26.99

561 624 0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)