

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90356 004 ****61.25

DOCUMENT # N96000001704

1. Entity Name

THE GARY PLAYER FOUNDATION, INC.

Principal Place of Business

Mailing Address

3930 RCA BLVD
 STE 3001
 PALM BEACH GARDENS FL 33410
 US

3930 RCA BLVD
 STE 3001
 PALM BEACH GARDENS FL 33410
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0704203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 300
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Delete
 NAME **STUTES, HARRY**
 STREET ADDRESS **15 SEMORAN COMMERCE PL**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DT** ☐ Delete
 NAME **KAUFMAN, M. SCOTT**
 STREET ADDRESS **160 N KINA ST**
 CITY-ST-ZIP **WILMINGTON DL 19884-1414**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE **P** ☒ Change ☐ Addition
 NAME **PLAYER, GARY**
 STREET ADDRESS **3930 RCA BLVD, SUITE 3001**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL. 33410**

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 617, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division/Chapter #

CR2E037 (9/01)