

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90737 012 \*\*\*\*61.25

**DOCUMENT #** 101000002290 ✓  
1. Entity Name  
**TEE-LO GOLF, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4903 STEYR STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
City & State  
**ORLANDO, FLORIDA**

Zip **32819** Country **USA**

**80061889**  
DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3735699** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **THOMAS E. PRYOR, JR.**  
Street Address (P.O. Box Number is Not Acceptable) **1221 W. COLONIAL DRIVE**  
**SUITE 102**  
City **ORLANDO** FL Zip Code **32804**

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 Thomas E. Pryor, Jr. DATE 3/27/2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25**  
**Initial or Amended UBR**

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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> <b>Bob Frantz- Quality Inn Plaza</b> <b>9000 International Drive</b> <b>Orlando, FL 32819</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> <b>Al Anthony</b> <b>5006 Shosone St</b> <b>Orlando, Florida 32818</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> <b>Steffen Magnell - Orange County National</b> <b>16301 Phil Ritson Way</b> <b>Winter Garden, Florida 34787</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> <b>Dee Brown</b> <b>8815 Conroy-Winderemere Rd., # 411</b> <b>Orlando, FL 32835</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> <b>Jeff Lee</b> <b>7380 Sandlake Rd., Ste 450</b> <b>Orlando, FL 32819</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR</b> <b>Andrew Paulikis</b> <b>13019 Lake Shore Drive</b> <b>Winter Garden, FL 34787</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Allison Anthony DATE: 27 Mar 02 407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**TEE-LO GOLF, INC.**

**4903 Steyr St  
Orlando, Florida 32819  
Phone: (407) 836-3277**

*Attachment  
10/18/00 B00061889  
10/18/00 0000000000*

**UBR REPORT**

**SECTION 10 CONTINUE:**

**DIRECTOR  
Wanda Hampton – Center For Drug Free Living  
P.O. Box 538350  
Orlando, Florida 32853**

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