

769565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

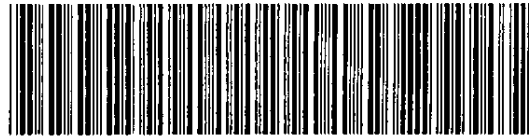
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11 MAR 11 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR 3-11-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2011

GARY M. CRIST, ESQ.
36 DORCHESTER CIR
PALM BEACH GARDENS, FL 33418

SUBJECT: CHAMPIONS TOUR TOURNAMENT ASSOCIATION INC
Ref. Number: 769565

We have received your document for CHAMPIONS TOUR TOURNAMENT ASSOCIATION INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

General Counsel is not an acceptable signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 611A00005456

RECEIVED
11 MAR 11 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHAMPIONS TOUR TOURNAMENT ASSOCIATION,
INC.

DOCUMENT NUMBER: 769565

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY M. CRIST, ESQ.

(Name of Contact Person)

GARY M. CRIST, ESQ.

(Firm/Company)

36 DORCHESTER CIRCLE

(Address)

PALM BEACH GARDENS, FL 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

GARY M. CRIST at (561) 627-6882

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|--|--|---|--|

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED
11 MAR 11 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Champions Tour Tournament Association Inc

SECOND: The document number of the corporation (if known): 769565

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of the meeting of members at which the resolution to dissolve was adopted
_____. The number of votes cast by the
members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in
accordance with section 617.0701, Florida Statutes.

SECTION II


If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 2/28/11.

The number of directors in office was 7 and the vote for resolution was
7 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 2/28/11
(no more than 90 days after dissolution file date)

Signature 
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Jim Correll
(Typed or printed name of the person signing)

Chairman, Board of Directors
(Title of person signing)

FILING FEE: \$35