

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004004

1. Entity Name

THE GOLF CHANNEL, INC.

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90064 012 \*\*\*158.75

Principal Place of Business

7580 COMMERCE CENTER DRIVE  
ORLANDO FL 32819  
US

Mailing Address

7580 COMMERCE CENTER DRIVE  
ORLANDO FL 32819  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1070026

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOWERY, JAMES L JR  
7580 COMMERCE CENTER DRIVE  
ORLANDO FL 32819

Name

Smith, Justin

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

7580 Commerce Center Drive

City

Orlando

FL

Zip Code

32819

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.

Justin Smith

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**/FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GIBBS, JOSEPH E  
STREET ADDRESS 7580 COMMERCE CENTER DRIVE  
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE V  
NAME LOWERY, JAMES L JR  
STREET ADDRESS 7580 COMMERCE CENTER DRIVE  
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE VD  
NAME HURVIN, CHRISTOPHER R  
STREET ADDRESS 7580 COMMERCE CENTER DRIVE  
CITY-ST-ZIP ORLANDO FL ☒ Delete

TITLE V  
NAME MANOUJIAN, David  
STREET ADDRESS 7580 Commerce Center Drive  
CITY-ST-ZIP ORLANDO FL 32819 ☒ Change ☐ Addition

TITLE V  
NAME BATES, JIM  
STREET ADDRESS 7580 COMMERCE CENTER DR  
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE V  
NAME GREENWAY, ROBERT M  
STREET ADDRESS 7580 COMMERCE CENTER DR  
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE V  
NAME WOOD, DEL  
STREET ADDRESS 7580 COMMERCE CENTER DRIVE  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Del Wood

1/22/01

Date

707-363-4653

Daytime Phone #

CR2E034 (10/00)