

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90199 030 ***150.00

DOCUMENT # F96000006285

1. Entity Name

TEAM CLASSIC GOLF SERVICES, INC.



Principal Place of Business

16301 PHIL RITSON WY
WINTER GARDEN, FL 34787 US

Mailing Address

16301 PHIL RITSON WY
WINTER GARDEN, FL 34787 US



04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3208255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERLANDER, BRUCE
16301 PHIL RITSON WY
WINTER GARDEN, FL 34787

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCP D only Rg
NAME	RITSON, PHILIP V
STREET ADDRESS	16301 PHIL RITSON WY
CITY - ST - ZIP	WINTER GARDEN, FL 34787
TITLE	DC
NAME	FITZPATRICK, KEVIN
STREET ADDRESS	1 CHASE MANHATTAN PLAZA, 57 FL
CITY - ST - ZIP	NEW YORK, NY 10005
TITLE	DP
NAME	GERLANDER, BRUCE
STREET ADDRESS	16301 PHIL RITSON WY
CITY - ST - ZIP	WINTER GARDEN, FL 34787
TITLE	DS
NAME	TUCK, ELIZABETH
STREET ADDRESS	1 CHASE MANHATTAN PLAZA, 57 FL
CITY - ST - ZIP	NEW YORK, NY 10005
TITLE	DT
NAME	HAMMER, JOEL
STREET ADDRESS	1 CHASE MANHATTAN PLAZA, 57 FL
CITY - ST - ZIP	NEW YORK, NY 10005
TITLE	DV
NAME	KLEINMAN, GARY
STREET ADDRESS	1 CHASE MANHATTAN PLAZA, 57 FL
CITY - ST - ZIP	NEW YORK, NY 10005

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: Bruce Gerlander BRUCE GERLANDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

407.945.2239
Daytime Phone #