

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

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**



02132005 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RITSON, PHILIP V
16301 PHIL RITSON WY
WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
FITZPATRICK, KEVIN
1 CHASE MANHATTAN PLAZA, 57 FL
NEW YORK, NY 10005**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GERLANDER, BRUCE
16301 PHIL RITSON WY
WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
TUCK, ELIZABETH
1 CHASE MANHATTAN PLAZA, 57 FL
NEW YORK, NY 10005**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
HAMMER, JOEL
1 CHASE MANHATTAN PLAZA, 57 FL
NEW YORK, NY 10005**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
KLEINMAN, GARY
1 CHASE MANHATTAN PLAZA, 57 FL
NEW YORK, NY 10005**

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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)(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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.05

Date

407.905.2239

Daytime Phone #