

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90003 004 ***150.00

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1. Entity Name
TEAM CLASSIC GOLF SERVICES, INC.



Principal Place of Business Mailing Address
16301 PHIL RITSON WY 16301 PHIL RITSON WY
WINTER GARDEN, FL 34787 US WINTER GARDEN, FL 34787 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01242007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **70 PINE ST. 4th Floor**
CITY-ST-ZIP **New York, NY 10270**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **70 PINE ST. 4th Floor**
CITY-ST-ZIP **New York, NY 10270**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **70 PINE ST. 4th Floor**
CITY-ST-ZIP **New York, NY 10270**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **70 PINE ST. 4th Floor**
CITY-ST-ZIP **New York, NY 10270**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *B. Gerlander* **BRUCE GERLANDER** 1/25/07 407 905. 2239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #