

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006285

FILED
Apr 24, 2009
Secretary of State

Entity Name: TEAM CLASSIC GOLF SERVICES, INC.

Current Principal Place of Business:

16301 PHIL RITSON WY
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

16301 PHIL RITSON WY
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 59-3208255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RITSON, PHILIP V
Address: 16301 PHIL RITSON WY
City-St-Zip: WINTER GARDEN, FL 34787

Title: DC () Delete
Name: FITZPATRICK, KEVIN
Address: 70 PINE ST., 4TH FLOOR
City-St-Zip: NEW YORK, NY 10270

Title: DP () Delete
Name: GERLANDER, BRUCE
Address: 16301 PHIL RITSON WY
City-St-Zip: WINTER GARDEN, FL 34787

Title: DS () Delete
Name: TUCK, ELIZABETH
Address: 70 PINE ST., 4TH FLOOR
City-St-Zip: NEW YORK, NY 10270

Title: DT (X) Delete
Name: HAMMER, JOEL
Address: 70 PINE ST., 4TH FLOOR
City-St-Zip: NEW YORK, NY 10270

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: FITZPATRICK, KEVIN P
Address: 277 PARK AVE.
City-St-Zip: NEW YORK, NY 10172

Title: DP (X) Change () Addition
Name: GERLANDER, BRUCE
Address: 16301 PHIL RITSON WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: DVT (X) Change () Addition
Name: HAMMER, JOEL
Address: 277 PARK AVE., 46TH FLOOR
City-St-Zip: NEW YORK, NY 10172

Title: V (X) Change () Addition
Name: D'ALESSANDRI, RICHARD J
Address: 277 PARK AVE.
City-St-Zip: NEW YORK, NY 10172

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE GERLANDER

DP

04/24/2009

Electronic Signature of Signing Officer or Director

Date