

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004607

1. Entity Name

PHIL RITSON'S 19TH HOLE INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90045 042 \*\*\*158.75

Principal Place of Business

Mailing Address

16301 PHIL RITSON WAY  
 WINTER GARDEN FL 34782  
 US

16301 PHIL RITSON WAY  
 WINTER GARDEN FL 34787-9177  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3452343**

Applied For  
☒ Not Applicable

Zip  
**34787**

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

SADRIANNA, JAMES V  
 ONE PHIL RITSON WAY  
 WINTER GARDEN FL 34787

Name **Gerlander, Bruce**

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

**16301 Phil Ritson Way**

City **Winter Garden**

FL

Zip Code **34787**

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

*B. Gerlander*

**4-24-00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARWELL, CHARLES</b>	
STREET ADDRESS	<b>PO BOX 690577 (N/A)</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32869</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>SADRIANNA, JAMES V</b>	
STREET ADDRESS	<b>PO BOX 690577 (N/A)</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32869</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>DCP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ritson, Philip V</b>	
STREET ADDRESS	<b>16301 Phil Ritson Way</b>	
CITY-ST-ZIP	<b>Winter Garden, FL 34787</b>	
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Fitzpatrick, Kevin</b>	
STREET ADDRESS	<b>1 Chase Manhattan Plaza, 57<sup>th</sup> Floor</b>	
CITY-ST-ZIP	<b>New York, NY 10005</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gerlander, Bruce</b>	
STREET ADDRESS	<b>16301 Phil Ritson Way</b>	
CITY-ST-ZIP	<b>Winter Garden, FL 34787</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tuck, Elizabeth</b>	
STREET ADDRESS	<b>1 Chase Manhattan Plaza, 57<sup>th</sup> Floor</b>	
CITY-ST-ZIP	<b>New York, NY 10005</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hammer Joel</b>	
STREET ADDRESS	<b>1 Chase Manhattan Plaza, 57<sup>th</sup> Floor</b>	
CITY-ST-ZIP	<b>New York, NY 10005</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kienman, Gary</b>	
STREET ADDRESS	<b>1 Chase Manhattan Plaza, 57<sup>th</sup> Floor</b>	
CITY-ST-ZIP	<b>New York, NY 10005</b>	

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:

*B. Gerlander*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-00**

Date

**407-656-2626**

Daytime Phone #

CRZE034 (9/99)