

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0095794 AV

04-09-2002 90012 014 ***150.00

DOCUMENT # G36786

1. Entity Name
TOURNAMENTS, INC.

Principal Place of Business
820 SILVER STRAND
GULF BREEZE FL 32561

Mailing Address
820 SILVER STRAND
GULF BREEZE FL 32561



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2839 Lynx Trail
 Suite, Apt. #, etc.

3. Mailing Address
2839 Lynx Trail
 Suite, Apt. #, etc.

City & State
Gulf Breeze FL
 Zip
32563
 Country

City & State
Gulf Breeze FL
 Zip
32563
 Country

4. FEI Number **59-2289668** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CABASSA, RONALD S.
820 SILVER STRAND
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent
 Name **Mark Taylor**
 Street Address (P.O. Box Number is Not Acceptable)
2839 Lynx Trail
 City **Gulf Breeze** **FL** Zip Code **32563**

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 *Mark Taylor* **Mark Taylor President** **4/1/02**
 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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABASSA, RONALD S 820 SILVER STRAND GULF BREEZE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mark Taylor 2839 Lynx Trail Gulf Breeze FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marc Cabassa - Vice Pres 924 Aquamarine Dr. Gulf Breeze FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas. Mark Moss 1229 Brad Thomas Dr. Gulf Breeze FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mark Taylor* **Mark Taylor** **4/1/02** **850-932-6046**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)