

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90735 017 ****50.00

DOCUMENT # **L01000004183**

1. Entity Name

Tournament Golf Productions, L.L.C. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1757 Oleander Place

3. Mailing Address

1757 Oleander Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

Country

32210

United States

Zip

Country

32210

United States

4. FEI Number

01-0687982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert George

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

225 Water Street, Suite 1500

City

Jacksonville

FL

Zip Code

32202

**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, the State of Florida.

SIGNATURE

Robert B. George

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

**MGRM
Robert B. George
1757 Oleander Place
Jacksonville, FL 32210**

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**MGRM
Jay Saxena
12620-3 Beach Blvd. #325
Jacksonville, FL 32246**

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**MGRM
Scott Ballard
13406 Broadwell Court
Huntersville, NC 28078**

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Robert B. George

5/15/02

(904) 387-6359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #