

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91455 012 \*\*\*\*61.50

**DOCUMENT # N02000008826**

1. Entity Name

**PRICE OIL CELEBRITY GOLF TOURNAMENT OF FLORIDA, INC.**



Principal Place of Business

**775 GULF SHORE DRIVE #9122  
DESTIN FL 32541**

Mailing Address

**775 GULF SHORE DRIVE #9122  
DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address

*P.O. Drawer 210249*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Montgomery AL*

Zip

Country

Zip

Country

*36121-0249*

*USA*

4. FEI Number

*65-1162660*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**M. TODD ARMSTRONG  
775 GULF SHORE DRIVE #9122  
DESTIN FL 32541**

Name

*Same - See #6*

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **M. TODD ARMSTRONG**  
STREET ADDRESS **775 GULF SHORE DRIVE #9122**  
CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **D** ☐ Delete  
NAME **E. MYERS ARMSTRONG**  
STREET ADDRESS **4524 OLDE PLANTATION PLACE**  
CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **D** ☐ Delete  
NAME **WILLS, MARK**  
STREET ADDRESS **900 LAUREL CREST DRIVE**  
CITY-ST-ZIP **WOODSTOCK GA 30189**

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

TITLE **D** ☐ Delete  
NAME **Freida Armstrong**  
STREET ADDRESS **4524 olde Plantation Place**  
CITY-ST-ZIP **Destin, FL 32541**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 617, 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: *Todd Armstrong* **SIGNATURE REQUIRED**

*4/28/03*

*334-272-6688*

CR2E037 (10/02)