

# 2000 UNIFORM BUSINESS REPORT (UBR)

0000051

DOCUMENT # N25506

1. Entity Name

TOUR WIVES ASSOCIATION, INC.

Principal Place of Business

112 PGA TOUR BOULEVARD  
PONTE VEDRA FL 32082  
US

Mailing Address

TOUR WIVES ASSOC., INC.  
P.O. BOX 74  
PONTE VEDRA BCH FL 32004-0074  
US

FILED

00 FEB -7 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2903646

Applied For

Not Applicable

Zip

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

CORPORATION INFORMATION SERVICES  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	BRISKY, JUDY	
STREET ADDRESS	2582 S MAGUIRE RD	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCARRON, JENNIFER	
STREET ADDRESS	14769 GUADALUPE DRIVE	
CITY-ST-ZIP	RANCHO MURIETA CA 95683-9130	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LANGHAM, ASHLEY	
STREET ADDRESS	PO BOX 3428	
CITY-ST-ZIP	PEACHTREE CITY GA 30269-2428	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SUTHERLAND, MARY	
STREET ADDRESS	2701 CREEKSIDE DRIVE	
CITY-ST-ZIP	SACRAMENTO CA 95821	
TITLE	TE	<input type="checkbox"/> Delete
NAME	DENDALL, BETH	
STREET ADDRESS	2582 S MAGUIRE RD, STE 343	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CINK, LISA	
STREET ADDRESS	4522 WELDON DRIVE, S.E.	
CITY-ST-ZIP	SMYRNA GA 30080-6483	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500003136675--5
CITY-ST-ZIP	-02/16/00--01007--023
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	*****70.00 *****70.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD
STREET ADDRESS	Kendall, Beth
CITY-ST-ZIP	2582 S. Maguire Rd., STE 343
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD
STREET ADDRESS	Cink, Lisa
CITY-ST-ZIP	2741 Calloway Ct.
	Duluth, GA 30097

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

SP