

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N25506**

1. Entity Name

TOUR WIVES ASSOCIATION, INC.**FILED**
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90009 034 ****70.00

0006176

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
US**C0036516**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MCCARRON, JENNIFER
14769 GUADALUPE DRIVE
RANCHO MURIETA CA 95683-9130 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LANGHAM, ASHLEY
PO BOX 3428
PEACHTREE CITY GA 30269-2428 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President/Director
Day, Jennifer
#6 Hickory Hills Cr.
Little Rock, AR 72212 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SUTHERLAND, MARY
2701 CREEKSIDE DRIVE
SACRAMENTO CA 95821 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Director
Dodds, Kris
13103 Beaver Dam Road
Des Peres, MO 63131 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
KENDALL, BETH
2582 S MAGUIRE RD, STE 343
OCOE FL 34761 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President/Director
Horgan, Margaret
1627 Riverview Rd., #814
Deerfield Beach, FL 33441 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CINK, LISA
2741 CALLOWAY CT
DULUTH GA 30097 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-01

Date

914-354-2930

Daytime Phone #

CR2E037 (10/00)