

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

DOCUMENT # N25506

1. Entity Name

TOUR WIVES ASSOCIATION, INC.



FILED

03 FEB 11 AM 9:04

TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2903646

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

City Tallahassee

FL

Zip Code 32301

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

*Lynette Coleman*  
Signature, typed or printed name of registered agent and title if applicable.

Lynette Coleman  
as its agent

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLAKE, MARCI 2859 S. CALLE DEL SOL SAINT GEORGE UT 84790	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAY, JENNIFER #6 HICKORY HILLS CR LITTLE ROCK AR 72212	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAXON, DORY 77 RUMSTICK ROAD BARRINGTON RI 02806	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NOBILO, SELENA 10209 ATTERBURY COURT ORLANDO FL 32827	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WENTWORTH, DIANE 771 EBBETTS AVENUE MANTECA CA 95337	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Blake, Marci 2859 S. Calle Del Sol Saint George, UT 84790	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Ann Herron 9398 E. Palm Tree Drive Scottsdale, AZ 85255	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Nicole Chalmers 4228 Castle Rock Ct. Irving, TX 75038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300012325183	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Diane Wentworth 771 Ebbetts Avenue Manteca, CA 95337	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Nicole Chalmers*  
Signature, typed or printed name of registered agent and title if applicable.

2/4/03

904-273-  
3250

CR2E037 (10/02)



292

ACCOUNT NO. : 072100000032

REFERENCE : 926995 89435A

AUTHORIZATION :

*Patricia Pizutto*

COST LIMIT : \$ 70.00

ORDER DATE : February 11, 2003

ORDER TIME : 11:55 AM

ORDER NO. : 926995-015

CUSTOMER NO: 89435A

CUSTOMER: Ms. Sara Moores  
Pga Tour, Inc.  
112 Pga Tour Boulevard

Ponte Vedra Bch, FL 32082

ANNUAL REPORT FILING

NAME: TOUR WIVES ASSOCIATION, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: \_\_\_\_\_