


**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90068 017 \*\*\*\*61.25

**NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *N35489*  
 1. Entity Name  
 Travel Women International Golf Society, Inc.  
 (TWIGS)



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 2928 Vineland Rd.  
 Suite, Apt. #, etc.

3. Mailing Address  
 2928 Vineland Rd.  
 Suite, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

City & State  
 Kissimmee, FL

City & State  
 Kissimmee, FL

4. FEI Number  
 59-2980902

Applied For  
 Not Applicable

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

Zip: 34746 Country: USA Zip: 34746 Country: USA

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
 Lisa L. Williams

Street Address (P.O. Box Number is Not Acceptable)  
 2928 Vineland Rd.

City Kissimmee, FL Zip Code 34746

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

FEE IS \$61.25 Initial or Amended UBR

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	President Mindi Onderick 3308 Heathgate Ct. Orlando, FL 32819	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/Treasurer Lisa Williams 2928 Vineland Rd, Kissimmee, FL 34746	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Sandy Carey 5005 Kyns Heath Rd, Kissimmee, FL 34746	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like employees.

SIGNATURE *Lisa L. Williams* Lisa L. Williams 3/25/03 407/397-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)