

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005628

1. Entity Name

O'BANNON SNOOK TOURNAMENT AT CABBAGE KEY, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90003 008 ****61.25

Principal Place of Business

12800 UNIVERSITY DR.
ONE UNIVERSITY PARK, STE. 600
FT. MYERS FL 33907
US

Mailing Address

12800 UNIVERSITY DR.
ONE UNIVERSITY PARK, SUITE 600
FT. MYERS FL 33907-5332
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0460581

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

EDWARDS, CHARLES B
ONE UNIVERSITY PARK, SUITE 600
12800 UNIVERSITY DR.
FT. MYERS FL 33907

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	D	<input type="checkbox"/> Delete
NAME	WELLS, ROBERT	
STREET ADDRESS	ONE UNIVERSITY PARK, STE. 600	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'BANNON, PHILLIP	
STREET ADDRESS	ONE UNIVERSITY PARK, STE. 600	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, CHARLES B	
STREET ADDRESS	ONE UNIVERSITY PARK, STE. 600	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: CHARLES B. EDWARDS 2-15-00 941-489-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)