

2000 UNIFORM BUSINESS REPORT (UBR)

0000064

DOCUMENT # N94000006036

1. Entity Name
SENIOR TOUR WIVES, INC.

FILED

00 FEB -7 PM 1:19

SECRET STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
% CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

Mailing Address
SENIOR TOUR WIVES, INC
P O BOX 323
PONTE VEDRA BCH FL 32004-0323
US



DO NOT WRITE IN THIS SPACE

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 **59-3299279**

Applied For
Not Applicable

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 INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

Name

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

~~300003131069-2~~
-02/10/00--01068--010

City

*****70.00 FL *****70.00

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	DV	<input type="checkbox"/> Delete
NAME	SIGEL, BETTY	
STREET ADDRESS	1284 FARM ROAD	
CITY-ST-ZIP	BERWYN PA 19312	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALBUS, BRENDA	
STREET ADDRESS	3972 SOMEREST DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CHARLES, VERITY	
STREET ADDRESS	42 WINDWARD ISLE	
CITY-ST-ZIP	PBG FL 33418	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRAMPTON, MARLENE	
STREET ADDRESS	80-472 PEBBLE BEACH	
CITY-ST-ZIP	LA QUINTA CA 92253	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLBER, MARCIA	
STREET ADDRESS	222 S. RAINBOW #218	
CITY-ST-ZIP	LAS VEGAS NV 89128	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, GERALDINE	
STREET ADDRESS	136 GOVERNORS RD	
CITY-ST-ZIP	PONTE VEDRA BCH FL 3282	

Continued

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sigel, Betty	
STREET ADDRESS	1284 Farm Road	
CITY-ST-ZIP	Berwyn, PA 19312	
TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baiocchi, Joan	
STREET ADDRESS	3656 Half Moon Dr.	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dickson, Carolyn	
STREET ADDRESS	8208 Seven Mile Drive	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32085	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elder, Sharon	
STREET ADDRESS	1440 S. Ocean Blvd. #3C	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fleisher, Wendy	
STREET ADDRESS	108 Windward Dr.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dougherty, Carolyn	
STREET ADDRESS	448 S.W. Fairway Vista	
CITY-ST-ZIP	Port St. Lucie, FL 34986	

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

Betty Sigel

2/4/2000

(904) 285-3700

Date

Daytime Phone #

CR2E037 (9/99)