

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91331 043 \*\*\*\*\*70.00

**DOCUMENT # N94000006036**

1. Entity Name

**SENIOR TOUR WIVES, INC.**

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  
 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

**59-3299279**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.**  
 1201 HAYS ST.  
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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	DP	<input checked="" type="checkbox"/> Delete
NAME	SIGEL, BETTY	
STREET ADDRESS	1284 FARM ROAD	
CITY-ST-ZIP	BERWYN PA 19312	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BAIOCCHI, JOAN	
STREET ADDRESS	3656 HALF MOON DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DICKSON, CAROLYN	
STREET ADDRESS	8208 SEVEN MILE DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32802	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELDER, SHARON	
STREET ADDRESS	1440 S. OCEAN BLVD. #3C	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FLEISHER, WENDY	
STREET ADDRESS	108 WINDWARD DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGHERTY, CAROLYN	
STREET ADDRESS	448 S.W. FAIRWAY VISTA	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doyle, Kathleen	
STREET ADDRESS	105 Lincoln Lane	
CITY-ST-ZIP	LaGrange, GA 30240-8709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	North, Sue	
STREET ADDRESS	3289 High Point Road	
CITY-ST-ZIP	Madison, WI 53719-4911	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thompson, Lea	
STREET ADDRESS	7250 Oakmont Court	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	Director/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fleisher, Wendy	
STREET ADDRESS	108 Windward Drive	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: \_\_\_\_\_

*Wendy Fleisher*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-01

Date

561-626-4246

Daytime Phone #

CR2E037 (10/00)

Attachment  
D# N94000006030  
A0226750

SENIOR TOUR WIVES, INC.  
Item 10, Officers and Directors Continued:

D  
Shari Duval  
137 S. Roscoe Blvd.  
Ponte Vedra Beach, FL 32082

D  
Michelle Green  
P.O. Box 18198  
Panama City Beach, FL 32417

D  
Gayle Nelson  
421 Oakmont Circle S.E.  
Marietta, GA

S  
Carol Hall  
3600 Darren Road  
Clemmons, NC 27012

VP  
Pam Tewell  
1705 Irvine Drive  
Edmond, OK 73003-2669

**PGA TOUR**

112 PGA TOUR Boulevard  
Ponte Vedra Beach, FL 32082  
Office: 904/285-3700

Attachment  
DH# N94000006036  
ACC 26758



Pamela J. Riechmann  
Corporate Paralegal  
Direct Dial 904-273-2269  
Facsimile: 904-285-9793

E-Mail Address: pamr@pgatourhq.com

February 22, 2001

**VIA FED EX No.**

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: ANNUAL REPORTS

Dear Sir or Madam:

Attached please find, for filing with the Florida Department of State, the Uniform Business Reports (UBR) for Senior TOUR Wives, Inc. Would you kindly mail the Certificate of Status for this corporate entity to my attention at the following address:

Pamela J. Riechmann, Corporate Paralegal  
PGA TOUR, Inc.  
112 PGA TOUR Blvd.  
Ponte Vedra Beach, FL 32082

Thank you in advance for your time and attention. Please do not hesitate to call me at (904)273-3369 should you have any questions.

Very truly yours,

Pamela J. Riechmann