

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90141 019 \*\*\*\*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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3299279</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOYLE, KATHLEEN</b> <b>105 LINCOLN LANE</b> <b>LAGRANGE GA 30240-8709</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>BAIOCCHI, JOAN</b> <b>3656 HALF MOON DR</b> <b>ORLANDO FL 32812</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NORTH, SUE</b> <b>3289 HIGH POINT ROAD</b> <b>MADISON WI 53719-4911</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMPSON, LEA</b> <b>7250 OAKMONT COURT</b> <b>PONTE VEDRA BEACH FL 32082</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>FLEISHER, WENDY</b> <b>108 WINDWARD DR.</b> <b>PALM BEACH GARDENS FL 33418</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOUGHERTY, CAROLYN</b> <b>448 S.W. FAIRWAY VISTA</b> <b>PORT ST LUCIE FL 34986</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>Kathleen Doyle</b> <b>512 Riverside Drive</b> <b>LaGrange, GA 30240</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>Michelle Green</b> <b>P.O. Box 18198</b> <b>Panama City Beach, FL 32417</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Pam Tewell</b> <b>1705 Irvine Drive</b> <b>Edmond, OK 73003</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Dell Eastwood</b> <b>3313 Edith Lane</b> <b>Ft. Worth, TX 76117</b>	<input type="checkbox"/> Change <input checked="" 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: *Pam Tewell* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1-22-02** **(405) 348-4361**  
 Date Daytime Phone #

CR2E037 (9/01)

ATTACHMENT

DOC # N94000006036/  
600233

SENIOR TOUR WIVES, INC.,  
Directors continued

D  
Sally McGinnis  
8401 Granada Blvd.  
Orlando, FL 32836