

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1 of 2
0062996

DOCUMENT # N94000006036



FILED

03 FEB 11 AM 9:09

1. Entity Name
Champions 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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Corporation Service Company

3. Mailing Address

Suite, Apt. #, etc.
Same

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3299279**
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
**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Tallahassee, FL 32301
City
Tallahassee, FL Zip Code
FL 32301

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 *Lynette Coleman*
Signature typed or printed name of registered agent and title if applicable.

**Lynette Coleman
as its agent**

DATE **2/11/03**

(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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DOYLE, KATHLEEN 512 RIVERSIDE DR. LAGRANGE GA 30240 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREEN, MICHELLE P.O. BOX 18198 PANAMA CITY BEACH, FL 32417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTH, SUE 3289 HIGH POINT ROAD MADISON WI 53719-4911 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, LEA 7250 OAKMONT COURT PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TEWELL, PAM 1705 IRVINE DR. EDMOND OK 73003 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTWOOD, DELL 3313 EDITH LN. HALTOM CITY TX 76117 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sally McGinnis 8401 Granada Blvd. Orlando, FL 32836 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pam Tewell 6301 Oak Tree Dr. Edmond, OK 73003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Margaret Pooley P.O. Box 35352 Tucson, AZ 85740-5352 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tudy Ahern 130 E. Glendale Phoenix, AZ 85020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cathy Stockton 222 Escondido Dr. Redlands, CA 92373 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700012325227 <input type="checkbox"/> Change <input 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* **EQUIPPED Pam Tewell - President 2-3-03 (405) 627-1988**

CR2E037 (10/02)

202



ACCOUNT NO. : 072100000032
REFERENCE : 926995 89435A
AUTHORIZATION : *Patricia Pijet*
COST LIMIT : \$ 70.00

ORDER DATE : February 11, 2003
ORDER TIME : 11:54 AM
ORDER NO. : 926995-005
CUSTOMER NO: 89435A
CUSTOMER: Ms. Sara Moores
Pga Tour, Inc.
112 Pga Tour Boulevard
Ponte Vedra Bch, FL 32082

ANNUAL REPORT FILING

NAME: CHAMPIONS TOUR WIVES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX GOOD STANDING

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: _____