2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9700006584 Apr 04, 2000 8:00 am Secretary of State 1. Entity Name LPGA INTERNATIONAL GIRLS GOLF CLUB, INC. 04-04-2000 90023 045 ****61.25 Mailing Address Principal Place of Business 300 CHAMPIONS DRIVE 380 CHAMPIONS DRIVE DAYTONA BEACH FL 32124 DAYTONA BEACH FL 32124-1090 3. Mailing Address 2. Principal Place of Business 1030 Champions 1030 Champions DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3484604 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent Siea Street Address (P.O. Box Number is Not Acceptable) PHIPPS, PAM 300 CHAMPIONS DR Champions Dr. DAYTONA BEACH FL 32124 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 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Delete Change ☐ Addition PD TITLE TITLE NAME PHIPPS, PAM NAME STREET ADDRESS STREET ADDRESS 300 CHAMPIONS DR Daylona Beach, FL 32124 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32124 Delete TITLE VD TITLE THORESON, WENDY NAME NAME STREET ADDRESS STREET ADDRESS 300 CHAMPIONS DR Same Address above) CITY-ST-ZIP * CITY-ST-ZIP DAYTONA BEACH FL 32124 Change ☐ Addition Delete TD DITE TITLE Alexis Sieg NAME SIEG. ALEXIS NAME STREET ADDRESS same Address STREET ADDRESS 300 CHAMPIONS DR CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32124 Change ☐ Addition SD Delete TITLE TITLE Valence Capita Mundy MANDROS, LINDA NAME NAME STREET ADDRESS STREET ADDRESS 300 CHAMPIONS DR Same address CITY-ST-7IF CITY-ST-ZIP DAYTONA BEACH FL 32124 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 Statules; and that my name appears in Block 10 or Block 11 if