

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90046 049 \*\*\*\*61.25

0008959

**DOCUMENT # N97000006584**

1. Entity Name

**LPGA INTERNATIONAL GIRLS GOLF CLUB, INC.**

Principal Place of Business

**1030 CHAMPIONS DR  
DAYTONA BEACH FL 32124**

Mailing Address

**1030 CHAMPIONS DR  
DAYTONA BEACH FL 32124****1 2 2 0 3 4**

2. Principal Place of Business

**1000 Champions Dr**

3. Mailing Address

**1000 Champions Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

**59-3484604**

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

**SIEG, ALEAS  
1030 CHAMPIONS DR  
DAYTONA BEACH FL 32124**

7. Name and Address of New Registered Agent

Name

**Alexis Sieg**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HENDERSON, NANCY	
STREET ADDRESS	1030 CHAMPIONS DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	

TITLE	VD	<input type="checkbox"/> Delete
NAME	GOSE, JANET	
STREET ADDRESS	1030 CHAMPIONS DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	

TITLE	SD	<input type="checkbox"/> Delete
NAME	SIEG, ALEXIS	
STREET ADDRESS	1030 CHAMPIONS DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MUNDY, VALERIE C	
STREET ADDRESS	1030 CHAMPION DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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:

**SICU... Alexis Sieg**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/10/01****904-274-  
5959**

CR2E037 (10/00)