

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000004162**

1. Entity Name

CENTRAL FLORIDA HOLIDAY GOLF CLASSIC/TOYS FOR T³

Principal Place of Business

4897 QUIET OAK LANE
ORLANDO FL 32819

Mailing Address

P.O. BOX 2102
WINDERMERE FL 34786FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 OCT -1 AM 8:48

DO NOT WRITE IN THIS SPACE
59-358 6462

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		APPLIED FOR		Applied For	
City & State		City & State		5. Certificate of Status Desired		Not Applicable	
Zip	Country	Zip	Country			\$6.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BARRETT, SCOTT T
4897 QUIET OAK LANE
ORLANDO FL 32819

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
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRETT, SCOTT T 4897 QUIET OAK LANE ORLANDO FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOSELEY, ELIZABETH 9925 ULMERTON ROAD LARGO FL 33771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHIEL, TERRI 1615 POE AVENUE ORLANDO FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/27/01 401
308.5544