

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90135 048 ***150.00

DOCUMENT # P00000097077

1. Entity Name
THE TOURING GOLFER, INC.



Principal Place of Business
**7111 GRAND NATIONAL DRIVE
SUITE 105
ORLANDO FL 32819**

Mailing Address
**7111 GRAND NATIONAL DRIVE
SUITE 105
ORLANDO FL 32819**

00010100



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3677159**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FITZGERALD, MAURY
7061 GRAND NATIONAL PLAZA ST 105R
ORLANDO FL 32819**

Name

Street Address (P.O. Box Number is Not Acceptable)

7111 Grand National Dr., Suite 105

City

Orlando

FL

Zip Code
32819

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FITZGERALD, MAURY**
STREET ADDRESS **7061 GRAND NATIONAL DR., # 105 R**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
NAME **7111 Grand National Dr., Suite 105**
STREET ADDRESS **Orlando, FL 32819**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **FITZGERALD, ANNE**
STREET ADDRESS **7061 GRAND NATIONAL DR. # 105 R**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
NAME **7111 Grand National Dr., Suite 105**
STREET ADDRESS **Orlando, FL 32819**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-354-0054

CR2E034 (10/02)