9/5/01-90002-049-$150.00-$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114019

1. Entity Name

TOURNAMENT PLAYERS GOLF ASSOCIATION INC.

FILED
01 OCT 15 PM 3:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
5063-1 HEATHERHILL LANE BOCA RATON FL 33486	5063-1 HEATHERHILL LANE BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

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 65-1069586 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

O'KEEFE, ROBERT
5063-1 HEATHERHILL LANE
BOCA RATON FL 33486

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 ______ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO O'KEEFE, ROBERT 5063-1 HEATHERHILL LANE BOCA RATON FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8-24-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 2 of 2

DEAR SIR/MADAM

P000000114019 BOX 6331 8

MY ACCOUNTANT HAS INFORMED ME MY FILING FEE MAILED OUT MARCH 14TH HAS TO DATE NOT BEEN CASHED. RATHER THEN PROLONG THIS I'M INCLUDING ANOTHER CHECK FOR THE FILING FEE AND AM CONTACTING MY LOCAL POSTAL DEPT TO INVESTIGATE MY APOLOGIES FOR ANY INCONVIENCE THIS MIGHT HAVE CAUSED YOUR DEPT.

IF THE ORIGINAL CHECK TURNS UP IN YOUR DEPT AND IT IS POSSIBLE PLEASE RETURN TO ME OR CONTACT ME DIRECTLY AT 361-338-4190

THANKING YOU IN ADVANCE FOR YOUR COOPERATION

SINCERELY

ROBERT BOYD
PRESIDENT