

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90037 032 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000005628

1. Entity Name
O'BANNON SNOOK TOURNAMENT AT CABBAGE KEY, INC.

Principal Place of Business Mailing Address

12800 UNIVERSITY DR. 12800 UNIVERSITY DR.
 ONE UNIVERSITY PARK, STE. 600 ONE UNIVERSITY PARK, SUITE 600
 FT. MYERS FL 33907 FT. MYERS FL 33907
 US US

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 **65-0460581** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, CHARLES B
ONE UNIVERSITY PARK, SUITE 600
12800 UNIVERSITY DR.
FT. MYERS FL 33907

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)

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	D <input type="checkbox"/> Delete
NAME	WELLS, ROBERT
STREET ADDRESS	ONE UNIVERSITY PARK, STE. 600
CITY-ST-ZIP	FT. MYERS FL
TITLE	D <input type="checkbox"/> Delete
NAME	O'BANNON, PHILLIP
STREET ADDRESS	ONE UNIVERSITY PARK, STE. 600
CITY-ST-ZIP	FT. MYERS FL
TITLE	D <input type="checkbox"/> Delete
NAME	EDWARDS, CHARLES B
STREET ADDRESS	ONE UNIVERSITY PARK, STE. 600
CITY-ST-ZIP	FT. MYERS FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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NAME	
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: *Charles B. Edwards* **CHARLES B. EDWARDS** *Per* **Per**
 Date _____ Daytime Phone # **941-489-1776 / 1-501**

CR2E037 (10/00)