2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741823

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90040 033 ****61.25

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DO NOT WRITE IN THIS SPACE

1. Entity Name

PGA FOUNDATION, INC.

Principal Place of Business	Mailing Address
AVENUE OF THE CHAMPIONS BEACH GARDENS FL 33418-3653	100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL 33418 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 59-1809626 ☐ 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
GARRITY, CHRISTINE M 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL 33418	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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE MD NAME AWTREY, JIM L STREET ADDRESS 100 AVENUE OF THE CHAMPIONS CITY-ST-ZIP PALM BEACH GARDENS FL	☐ Delete	TITLE SD NAME orender, MG STREET ADDRESS 100 Ave of The Champions CITY-ST-ZIP Palm Beach Gardens, FL 33418	☐ Change ☑ Addition
TITLE COO NAME BOGIN, PAUL STREET ADDRESS 100 AVE OF THE CHAMPIONS CITY-ST-ZIP PALM BEACH GRDN FL	☐ Delete	TITLE VPD NAME Connelly, Jack STREET ADDRESS 100 Avenue of The Champions CITY-ST-ZIP Palm Beach Gardens, FL	☐ Change ☑ Addition
TITLE AS NAME GARRITY, CHRISTINE M STREET ADDRESS 100 AVENUE OF THE CHAMPIONS CITY-ST-ZIP PALM BEACH GARDENS FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME MANN, WILL STREET ADDRESS QUARRY HILLS COUNTRY CLUB CITY-ST-ZIP GRAHAM NC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TO NAME POTTINGER, KIRK STREET ADDRESS 100 AVENUE OF TH CHAMPIONS CITY-ST-ZIP PALM BEACH GARDENS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE COO NAME BOGIN, PAUL STREET ADDRESS 100 AVENUE OF THE CHAMPIONS CITY-ST-ZIP PALM BEACH GARDENS FL	☑ Delete duplicate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 Christine M. Garrity, Assistant Secretary 2/2/2000 561 624 8548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)