2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 842504

1. Entity Name

PGA TOUR, INC.

FILED
00 JAN 25 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
112 PGA TOUR BLVD PONTE VEDRA BEACH FL 32082 US	112 PGA TOUR BLVD PONTE VEDRA BEACH FL 32082-3046 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 52-0999206 — 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
ANDERSON, RICHARD D 112 PGA TOUR BOULEVARD PONTE VEDRA BCH. FL 32082	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 NAME STREET ADDRESS CITY-ST-ZIP	EVAS MOORHOUSE, EDWARD L 8009 WHISPER LAKE LN E PONTE VEDRA BCH FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600003117896--9 -02/01/00--01044--012 *****70.00 *****70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP FERRIS, RICHARD J. 1436 RIDGE ROAD NORTHBROOK IL 60062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOVE, DAVIS I 228 KINGS WAY ST SIMONS ISLAND GA 31522 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOVE, DAVIS III 228 Kings Way St. Simons Island, GA 31522 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, CHARLES F 24 FOREWAY DR ST LOUIS MO 63124 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, JOHN F 3135 EASTON TURNPIKE FAIRFIELD CT 06431 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sutton, Hal 120 North Hardwick Dr. Bossier City, LA 71111 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COOK, JOHN 12-503 PRESTWICK COURT RANCHO MIRAGE CA 92270-1481 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition SP

Continued

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 Edward L. Moorhouse 1/20/2000 904/285-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #