

# 2000 UNIFORM BUSINESS REPORT (UBR)

1

DOCUMENT # **N18472**

1. Entity Name

**PGA TOUR CHARITIES, INC.**

FILED

00 JAN 25 PM 4: 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

112 PGA TOUR BLVD  
PONTE VERDE BEACH FL 32082  
US

Mailing Address

112 PGA TOUR BLVD  
PONTE VERDA BCH FL 32082-3046  
US



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 **59-2774423**

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 BLVD  
PONTE VEDRA BEACH 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  Delete  
**D MANN, WILL C**  
STREET ADDRESS **2240 COUNTRY CLUB TRAIL**  
CITY-ST-ZIP **GRAHAM NC 27253**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**DC FINCHEM, TIMOTHY W.**  
STREET ADDRESS **7160 MARSH HAWK COURT**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**DPT FERRIS, RICHARD J.**  
STREET ADDRESS **1436 RIDGE ROAD**  
CITY-ST-ZIP **NORTHBROOK IL 60062**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**D LOVE, DAVIS III**  
STREET ADDRESS **228 KINGS WAY**  
CITY-ST-ZIP **ST SIMONS ISLAND GA 31522**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**D HAAS, JAY**  
STREET ADDRESS **4 TUSCANY COURT**  
CITY-ST-ZIP **GREER SC 29650**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**D O'MEARA, MARK**  
STREET ADDRESS **6312 DEACON CIRCLE**  
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

*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**

Richard D. Anderson

1/20/00

904/285-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SP**