

2000 UNIFORM BUSINESS REPORT (UBR)

1

DOCUMENT # N33764

1. Entity Name

SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

FILED
00 JAN 25 PM 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

112 PGA TOUR BLVD
 PONTE VEDRA FL 32082
 US

112 PGA TOUR BLVD
 PONTE VEDRA 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

4. FEI Number **59-2998912**

Applied For

Not Applied For

Zip

Country

Zip

Country

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 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 **DCP** Delete
 NAME **KUGHN, RICHARD P**
 STREET ADDRESS **50625 RICHARD W BLVD**
 CITY-ST-ZIP **CHESTERFIELD MI 48051**

Change Addition
100003117881--6
~~-02/01/00--01044--009~~
~~*****70.00 *****70.00~~

TITLE **D** Delete
 NAME **RENICK, JAMES C**
 STREET ADDRESS **UM, OFC OF THE CHANCELLOR**
 CITY-ST-ZIP **DEARBORN MI 48128-1491**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FINCHEM, TIMOTHY**
 STREET ADDRESS **112 PGA TOUR BOULEVARD**
 CITY-ST-ZIP **PONTE VEDRA BCH FL 32082**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PLUMMER, DEREK**
 STREET ADDRESS **750 STEPHENSON HIGHWAY**
 CITY-ST-ZIP **TROY MI 48083**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MCMAMARA, EDWARD H**
 STREET ADDRESS **WAYNE CO BLDG, 600 RANDOLPH**
 CITY-ST-ZIP **DETROIT MI 48226**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DORAN, WAYNE**
 STREET ADDRESS **1 PARKLANE BLVD, STE 1500 E**
 CITY-ST-ZIP **DEARBORN MI 48126**

TITLE Change Addition
 NAME
 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