

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90074 015 ****61.25

0007577

DOCUMENT # P17954
 1. Entity Name
ATP TOUR, INC.

Principal Place of Business 201 ATP TOUR BLVD PONTE VEDRA BEACH FL 32082 US	Mailing Address 201 ATP TOUR BLVD PONTE VEDRA BEACH FL 32082 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 95-2833251	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 225 WATER STREET SUITE 1800 JACKSONVILLE FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code	
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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
CEO	MILES, MARK 8004 ACORN RIDGE RD JACKSONVILLE FL 32256		
T	GALLOWAY, PHILIP B 704 SHIPWATCH DRIVE EAST JACKSONVILLE FL 32225		
S	YOUNG, MARK V 937 SHIPWATCH DRIVE JACKSONVILLE FL 32225		
COO	SCOTT, LAWRENCE G 201 ATP TOUR BLVD PONTE VEDRA BEACH FL 32082		
D	PASARELL, CHARLIE 49-650 INDIAN WELLS LANE INDIAN WELL CA		78-200 Miles Avenue Indian Wells, CA 92210
D	BARTONI, FRANCO VIALE DEI GLADIATORI 31 00194 ROME, ITALY		147 Via di Casal Selce 00166 Rome, Italy

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: Mark Miles Date: 4-20-01 Daytime Phone #: 904-285-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)