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**Apr 29, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P32984**

1. Corporation Name

**ATP TOUR CHARITIES, 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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/26/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3046932

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	MILES, MARK D.	
STREET ADDRESS	8004 ACORN RIDGE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	YOUNG, MARK V	
STREET ADDRESS	937 SHIPWATCH DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GALLOWAY, PHILIP B.	
STREET ADDRESS	704 SHIPWATCH DR. E.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PASARELL, CHARLIE	
STREET ADDRESS	44-650 INDIAN WELLS LANE	
CITY-ST-ZIP	INDIAN WELLS LANE CA 92210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTONI, FRANCO	
STREET ADDRESS	VIALE TIZIANO 70	
CITY-ST-ZIP	00196 ROME ITALY	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	LARRY SCOTT	
STREET ADDRESS	201 ATP TOUR BLVD	
CITY-ST-ZIP	PONTE VEDRA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	147 VIA DI CASAL SELCE
5.4 CITY-ST-ZIP	00166 ROME, ITALY
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)

## ATP TOUR BOARD OF DIRECTORS

**ARISAWA, Sanji**  
C/o Airsawa Mfg. Co., Ltd.  
4-18, Yanagibashi 2-Chome,  
Taito-Ku  
Tokyo, 111 JAPAN

**DREWETT, BRAD**  
56 Myoora Road  
Terrey Hills  
NSW 2084 AUSTRALIA

**FELGATE, DAVID**  
13 Cardigan Road  
Barnes, London  
SW13 OBH, ENGLAND

**SOLOMON, HAROLD**  
1520 SW 15<sup>th</sup> Avenue  
Ft. Lauderdale, FL 33312

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