


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90157 037 \*\*\*\*61.25

**DOCUMENT # P32984**

1. Entity 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  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3046932** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 **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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO MILES, MARK D. 8004 ACORN RIDGE RD JACKSONVILLE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S YOUNG, MARK V 937 SHIPWATCH DR JACKSONVILLE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GALLOWAY, PHILIP B. 704 SHIPWATCH DR. E. JACKSONVILLE FL 32225</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PASARELL, CHARLIE 78-200 MILES AVENUE INDIAN WELLS LANE CA 92210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO LARRY SCOTT 201 ATP TOUR BLVD PONTE VEDRA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ **NOTARY REQUIRED** 1/31/03 904-285-8000

CR2E037 (10/02)

70016513

*Attachment*

2001 UNIFORM BUSINESS REPORT (UBR)  
DOCUMENT # P32984  
ATP TOUR, INC.

10. OFFICERS AND DIRECTORS (continued)

Title D  
Name Pearce, Graham  
Street Address 72 Stanley Street  
City-St-Zip Auckland, New Zealand

Title D Delete  
Name Solomon, Harold  
Street Address 2733 NE 17th Street  
City-St-Zip Fort Lauderdale, FL 33305

Title D  
Name Muller, Gary  
Street Address 17 Ruyteplaats Drive  
Ruyteplatts Mountain Estate  
Off Victoria Road  
City-St-Zip Hout Bay, 7806, South Africa

Title D  
Name Carbonell, Tomas  
Street Address Cami de la Peirota, Cabrera de Mar  
City-St-Zip Barcelona, Spain

Title D  
Name Dominguez, Patrice  
Street Address Groupe Jean-Claude Darmon  
5, rue de Liege  
City-St-Zip 75009 Paris France

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

Title D  
Name Ricardo A. Acioly  
Street Address Av. Gal. Guedes da Fontoura 866  
Apto 101  
Barra da Tijuca  
City-St-Zip Rio De Janeiro, Brazil, 22621-240