

# 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

112 PGA TOUR BLVD  
PONTE VEDRA FL 32082  
US

Mailing Address

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

**SP**

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 #

*continued*