

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90070 029 \*\*\*\*61.25

**DOCUMENT # 703878**

1. Entity Name

**THE PROFESSIONAL GOLFERS' ASSOCIATION OF AMERICA**

Principal Place of Business

Mailing Address

100 AVENUE OF CHAMPIONS  
 PALM BEACH GARDENS FL 33418-3653

100 AVENUE OF CHAMPIONS  
 PALM BEACH GARDENS FL 33418-3653



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

**59-0785835**

Applied For

Not Applicable

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

**GARRITY, CHRISTINE M**  
**100 AVENUE OF THE CHAMPIONS**  
**PALM BCH. GARDENS FL 33418**

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:**  
**FEES 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

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VPD</b> <b>CONNELLY, JACK</b> <b>100 AVENUE OF THE CHAMPIONS</b> <b>PALM BEACH GARDENS FL</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Asst. Secretary</b> <b>Garrity, Christine M.</b> <b>100 Avenue of the Champions</b> <b>Palm Beach Gardens, FL 33418</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>MANN, WILL</b> <b>QUARRY HILLS COUNTRY CLUB</b> <b>GRAHAM NC</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>Mike Doctor</b> <b>4142 Jordan Road</b> <b>S Kaneateles, NY 13152</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> <b>ORENDER, M.G.</b> <b>100 AVENUE OF THE CHAMPIONS</b> <b>PALM BCH GARDENS FL</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>Dick Lane</b> <b>Jester Park Golf Course</b> <b>1501 Towanola Ave.</b> <b>West Des Moines, IA 50265-3443</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MD</b> <b>AWTREY, JIM L</b> <b>100 AVENUE OF THE CHAMPIONS</b> <b>PALM BEACH GARDEN FL</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>John Haines</b> <b>7965 SE Doubletree Drive</b> <b>Hobe Sound, FL 33433</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>O</b> <b>POTTINGER, KIRK</b> <b>100 AVENUE OF THE CHAMPIONS</b> <b>PALM BEACH GARDENS FL</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>COO</b> <b>BOGIN, PAUL</b> <b>100 AVENUE OF THE CHAMPIONS</b> <b>PALM BEACH GARDENS FL 33418</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/2000**  
 Date

**(561) 624-8548**  
 Daytime Phone #

ADDITIONAL DIRECTORS  
2000

Attachment  
703878  
915172

D  
Wright, Rick  
100 Avenue of the Champions  
Palm Beach Gardens, FL

D  
O'Mara, Jim  
100 Avenue of the Champions  
Palm Beach Gardens, FL

D  
Kernicki, Michael, J.  
100 Avenue of the Champions  
Palm Beach Gardens, FL

D  
Jones, Tom  
100 Avenue of the Champions  
Palm Beach Gardens, FL

D  
Philbrick, Bob  
100 Avenue of the Champions  
Palm Beach Gardens, FL

D  
Moore, Bill  
100 Avenue of the Champions  
Palm Beach Gardens, FL

D  
Larson, Chuck  
100 Avenue of the Champions  
Palm Beach Gardens, FL

D  
Eskridge, Charles J.  
100 Avenue of the Champions  
Palm Beach Gardens, FL

D  
Murphy, Dan  
100 Avenue of the Champions  
Palm Beach Gardens, FL

D  
Whitcomb, Brian  
100 Avenue of the Champions  
Palm Beach Gardens, FL

D  
Dye, Alice  
100 Avenue of the Champions  
Palm Beach Gardens, FL

D  
Crane, Fenwick J.  
100 Avenue of the Champions  
Palm Beach Gardens, FL

D  
Love III, Davis  
100 Avenue of the Champions  
Palm Beach Gardens, FL