

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P32984

**FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**6749902443CC**

**Entity Name:** ATP TOUR CHARITIES, INC.

**Current Principal Place of Business:**

201 ATP TOUR BLVD  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

201 ATP TOUR BLVD  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number:** 59-3046932

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH HULSEY & BUSEY  
ONE INDEPENDENT DRIVE  
SUITE 3300  
JACKSONVILLE, FL 32202 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name GAUDENZI, ANDREA  
Address ATP LONDON OFFICE  
PALLISER HOUSE, PALLISER RD  
City-State-Zip: LONDON W14 9EB

Title CEO – AMERICAS, CHIEF LEGAL AND  
MEDIA OFFICER & SECRETARY  
Name YOUNG, MARK V  
Address 937 SHIPWATCH DR E  
City-State-Zip: JACKSONVILLE FL 32225

Title COO, CFO & TREASURER  
Name GALLOWAY, PHILIP B  
Address 704 SHIPWATCH DR. E.  
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR  
Name FORBES, GAVIN  
Address 1360 E 9TH ST, SUITE 100  
City-State-Zip: CLEVELAND OH 44114

Title DIRECTOR  
Name SMITH, CHARLES  
Address 15F JIUSHI TOWER  
NO 28 ZHONGSHAN RD (S)  
City-State-Zip: SHANGHAI 200010

Title DIRECTOR  
Name KNOWLES, MARK  
Address 201 ATP TOUR BLVD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP & GENERAL COUNSEL & ASST.  
SECRETARY  
Name REEL, JEFFREY T  
Address 217 SHELL BLUFF COURT  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name STRAKA, HERWIG  
Address E/MOTION MANAGEMENT GMBH  
SCHMIEDGASSE 34  
City-State-Zip: GRAZ AUSTRIA 8010

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFREY T. REEL

**ASSISTANT SECRETARY** 01/16/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           EGDES, DAVIE  
Address        THE TENNIS CHANNEL  
                  2850 OCEAN PARK BLVD.  
City-State-Zip: SANTA MONICA CA 90405