

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P32984

**FILED**  
**Jan 27, 2021**  
**Secretary of State**  
**9344720611CC**

**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	Title	CEO – AMERICAS, CHIEF LEGAL AND MEDIA OFFICER & SECRETARY
Name	GAUDENZI, ANDREA	Name	YOUNG, MARK V
Address	ATP LONDON OFFICE PALLISER HOUSE, PALLISER RD	Address	937 SHIPWATCH DR E
City-State-Zip:	LONDON W14 9EB	City-State-Zip:	JACKSONVILLE FL 32225
Title	COO, CFO & TREASURER	Title	DIRECTOR
Name	GALLOWAY, PHILIP B	Name	FORBES, GAVIN
Address	704 SHIPWATCH DR. E.	Address	1360 E 9TH ST, SUITE 100
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	CLEVELAND OH 44114
Title	DIRECTOR	Title	DIRECTOR
Name	SMITH, CHARLES	Name	KNOWLES, MARK
Address	15F JIUSHI TOWER NO 28 ZHONGSHAN RD (S)	Address	201 ATP TOUR BLVD
City-State-Zip:	SHANGHAI 200010	City-State-Zip:	PONTE VEDRA BEACH FL 32082
Title	VP & GENERAL COUNSEL & ASST. SECRETARY	Title	DIRECTOR
Name	REEL, JEFFREY T	Name	STRAKA, HERWIG
Address	217 SHELL BLUFF COURT	Address	E/MOTION MANAGEMENT GMBH SCHMIEDGASSE 34
City-State-Zip:	PONTE VEDRA BEACH FL 32082	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

**GENERAL COUNSEL**

**01/27/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            INGLOT, ALEX  
Address        5TH FLOOR WESTWORKS BUILDING  
                  195 WOOD LANE  
City-State-Zip: LONDON E3 5BZ