

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769565

1. Entity Name

SENIOR PGA TOUR TOURNAMENT ASSOCIATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90198 024 ****61.25

Principal Place of Business

13000 SAWGRASS VILLAGE CIRCLE
STE. 37
PONTE VEDRA FL 32082
US

Mailing Address

13000 SAWGRASS VILLAGE CIRCLE
STE. 37
PONTE VEDRA FL 32082-5023
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2483547**

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANNING, L
1300 SAWGRASS VILLAGE CIR
STE 37
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:
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

TITLE ☐ Delete
NAME **BARON, CHARLIE**
STREET ADDRESS **1680 VILLAGE CIR CNTR**
CITY-ST-ZIP **LAS VEGAS NV 89134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **JALESKI, M A**
STREET ADDRESS **3819 33 CHESTNUT ST 330**
CITY-ST-ZIP **BALA CUNWYD PA 19004**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **RUSSELL JACK**
STREET ADDRESS **25 MELVILLE PARK RD**
CITY-ST-ZIP **MELVILLE NY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **KIZZIAR, MARK**
STREET ADDRESS **8777 N. GAINNEY DR**
CITY-ST-ZIP **SCOTTSDALE AZ 85258**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MANNING, L**
STREET ADDRESS **1300 SAWGRASS VILLAGE CIR 37**
CITY-ST-ZIP **PONTE VEDRA FL 32082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PAUL, BILL**
STREET ADDRESS **1333 DORAL DR**
CITY-ST-ZIP **ORKVILLE ONTARIO CA L6J- 423**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lana Manning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000 *904-2856650*
Date Daytime Phone #

CR2E037 (9/99)