

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769565

1. Entity Name

SENIOR PGA TOUR TOURNAMENT ASSOCIATION, INC.

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 32004-1535
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MANNING, L
1300 SAWGRASS VILLAGE CIR
STE 37
PONTE VEDRA FL 32082

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

TITLE D ☐ Change ☒ Addition
NAME Robert Burris
STREET ADDRESS 5450 YMCA ROAD
CITY-ST-ZIP NAPLES FL 34109

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

TITLE D ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE D ☒ 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-01 904-285-6650

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90098 011 ****61.25

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DO NOT WRITE IN THIS SPACE

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