

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90194 023 \*\*\*\*61.25

DOCUMENT # 769565

1. Entity Name

**SENIOR PGA TOUR TOURNAMENT ASSOCIATION, INC.**

**CHAMPIONS 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 32082 - 32082  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARCIA, PHIL</b> <b>25 W CEDAR ST SUITE 510</b> <b>PENSACOLA FL 32501</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURNES, ROBERT</b> <b>5450 YMCA RD</b> <b>NAPLES FL 34109</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PURSER, JEFF</b> <b>1400 RUAIL ST STE 140</b> <b>NEWPORT BEACH CA 92660</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>KIZZIAR, MARK</b> <b>8777 N. GAINES DR</b> <b>SCOTTSDALE AZ 85258</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANNING, L</b> <b>1300 SAWGRASS VILLAGE CIR 37</b> <b>PONTE VEDRA FL 32082</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAUL, BILL</b> <b>1333 DORAL DR</b> <b>ORKVILLE ONTARIO CA L6J- 423</b>	<input checked="" type="checkbox"/> Delete

11. ADD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>John Marovich</b> <b>Bruno capital Bldg.</b> <b>100 Grandview Place St. 110</b> <b>Birmingham, AL 35243</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bob Burris</b> <b>90 Octagon Marketing</b> <b>11300 Twin Eagles Blvd.</b> <b>Naples, FL 34120</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Amy Hawk</b> <b>2804 opry land Drive</b> <b>Nashville, TN 37214</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>JACK Russell</b> <b>85 melville Park Road</b> <b>melville, NY 11747</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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

**2-14-03**