2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H53370

1. Entity Name

PGA TOUR CONSTRUCTION SERVICES, INC.

FILED

00 JAN 25 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
112 PGA TOUR BLVD PONTE VEDRA BEACH FL 32082 US	112 PGA TOUR BLVD PONTE VEDRA BEACH FL 32082-3046 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2551330 ☐ 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
TRIOLA, JAMES C 112 PGA TOUR BOULEVARD PONTE VEDRA BCH 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ZINK, CHARLES L 104 PLANTERS ROW EAST PONTE VEDRA BCH FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-02/09/00--01012--0C ****158.75 ****158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KELLY, VERNON A., JR 1221 SOUTH FIRST ST TH2 JACKSONVILLE BCH FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Kelly, Vernon A., Jr. 1221 South First St. TH-3 Jacksonville Beach, FL 32250	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORHOUSE, EDWARD 8009 WHISPER LAKE LANE PONTE VEDRA BCH FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRIOLA, JAMES C 1165 SALT MARSH CIR PONTE VEDRA BCH FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILKERSON, R. CHRIS 117 MEADOWCREST LANE PONTE VEDRA BEACH FL 32052	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Johnson, Michael E. 201 Colima Court #1233 Ponte Vedra Beach, FL 32052	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Tomlinson, Keith W. 315 Pablo Rd. Ponte Vedra Beach, FL 32082	☐ Change ☒ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James C. Triola 1/20/00 904/285-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #