

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90105 043 ***158.75

DOCUMENT # H53370

1. Entity Name
PGA TOUR CONSTRUCTION SERVICES, INC.

Principal Place of Business
**112 PGA TOUR BLVD
PONTE VEDRA BEACH FL 32082
US**

Mailing Address
**112 PGA TOUR BLVD
PONTE VEDRA BEACH FL 32082
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 **59-2551330**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **DVT** ☐ Delete
NAME **ZINK, CHARLES L**
STREET ADDRESS **104 PLANTERS ROW EAST**
CITY-ST-ZIP **PONTE VEDRA BCH FL 32082**

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

TITLE **DP** ☐ Delete
NAME **KELLY, VERNON A., JR**
STREET ADDRESS **1221 SOUTH FIRST ST TH-3**
CITY-ST-ZIP **JACKSONVILLE BCH FL 32250**

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

TITLE **VD** ☐ Delete
NAME **MOORHOUSE, EDWARD**
STREET ADDRESS **25505 MARSH LANDING PARKWAY**
CITY-ST-ZIP **PONTE VEDRA BCH FL 32082**

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

TITLE **VS** ☐ Delete
NAME **TRIOLA, JAMES C**
STREET ADDRESS **1209 SALT CREEK ISLE DRIVE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE **V** ☐ Delete
NAME **JOHNSON, MICHAEL E**
STREET ADDRESS **201 COLIMA COURT, #1233**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32052**

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

TITLE **V** ☐ Delete
NAME **TOMLINSON, KEITH W**
STREET ADDRESS **315 PABLO RD.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

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:

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

James C. Triola

(904) 285-3700

1/15/02
Date

Daytime Phone #

CR2E034 (9/01)