

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

01-22-2002 90105 026 \*\*\*158.75

0007986 AV

**DOCUMENT # H61655**

1. Entity Name  
**PGA TOUR MEXICO HOLDINGS, 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 **59-2551333**

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

**TRIOLA, JAMES C**  
**112 PGA TOUR BOULEVARD**  
**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 \_\_\_\_\_ (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 **V** ☐ Delete  
 NAME **DAVISON, PETER S**  
 STREET ADDRESS **24621 DEER TRACE DRIVE**  
 CITY-ST-ZIP **PONTE VEDRA BEACH 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 **SV** ☐ 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 **DSV** ☐ Delete  
 NAME **ZINK, CHARLES L**  
 STREET ADDRESS **104 PLANTERS ROW EAST**  
 CITY-ST-ZIP **PONTE VEDRA BEACH 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 **D** ☐ Delete  
 NAME **FINCHEM, TIMOTHY W**  
 STREET ADDRESS **7160 MARSH HAWK COURT**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

Please see attached list

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 REQUIRED**  
 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)

Attachment  
Doc# H6 1655 / 805035

Item 12. Officers and Directors (continued)

**PGA TOUR MEXICO HOLDINGS, INC.**

Title	Name	Address	City, State and Zip
V	Tomlinson, Keith W.	315 Pablo Road	Ponte Vedra Beach, FL 32082
V/T	Winsor, Steven A.	1217 Salt Creek Pointe Way	Ponte Vedra Beach, FL 32082