2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K15096 DOCUMENT

1. Entity Name PGA CLUB, INC.



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90123 007 ***158.75

						SOO WE IT				
Principal Place of Business % E. LLWYD ECCLESTONE. JR. 1555 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33401			Mailing Address % E. LLWYD ECCLESTONE. JR. 1555 PALM BEACH ŁAKES BLVD WEST PALM BEACH FL 33401							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES		
City & State			City & State				4. F	4. FEI Number 65-0805125 Applied For Not Applicable		
Zip		Country	Zip		Coun	try	5. C	Certificate of Status Desired \$8.75 Additional Fee Required	al	
	6. Name	and Address of Current	Register	ed Agent			7. N	Name and Address of New Registered Agent		
						Name				
ECCLESTONE, E. LLWYD, JR. 1555 PALM BEACH LAKES BLVD						Street Addre	ess (P.O. Bo	ox Number is Not Acceptable)		
WEST PALM BEACH FL 33401						City		FL Zip Code		
	tions of regist					ed office or reg		ent, or both, in the State of Florida. I am familiar with, and a	accept	
	organicato, types	or prince riame or registered agent	210 (100 11 12)				done a monto	The state of the s		
S Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State					9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fe		
10.	OFFICERS AND DIRECTORS 11				11.		ADI	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1555 PALA WEST PAL	ONE, E. LLWYD, JR M BEACH LAKES BL M BEACH FL	E, E. LLWYD, JR EACH LAKES BL SI BEACH FL CI			I			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOPER, RON NAM 1555 PALM BEACH LKS BLVD STP W PALM BEACH FL CIT			CITY-	ET ADDRESS -ST-ZIP			Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAMMON, 1555 PALM	NANNETTE M BEACH LAKES BLVD M BEACH FL 33401	#1100	Defete "		- 1		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•			☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Oelete				☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete				☐ Change ☐ .	Addition	
indicated of the cor	on this repor poration or th	t or supplemental report is	true and wered to	accurate and that me execute this report a	ıv signat	ure shall have	the same le	119.07(3)(i), Florida Statutes. I further certify that the informatelegal effect as if made under oath; that I am an officer or direct as the statutes; and that my name appears in Block 10 or Block	ector	

SIGNATURE: Ron Cooper A Vice President JIP

561/686-2000