

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001285

1. Entity Name

PGA CORRIDOR ASSOCIATION, INC.

Principal Place of Business

3101 PGA BOULEVARD
PALM BEACH GARDENS FL 33410

Mailing Address

3101 PGA BOULEVARD
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1026250

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MATHISON, STEPHEN S
5606 PGA BOULEVARD
SUITE 211
PALM BEACH GARDENS FL 33418

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

FILE NOW: FEE IS \$81.25

8. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME ADAMS, ELAYNE
STREET ADDRESS 3101 PGA BOULEVARD
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE DT
NAME MATHISON, STEPHEN S
STREET ADDRESS 3101 PGA BOULEVARD
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE D
NAME CAIRNES, TOM
STREET ADDRESS 3101 PGA BOULEVARD
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE D
NAME BLAIR, KEN
STREET ADDRESS 3101 PGA BOULEVARD
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE D
NAME CHANNING, JOEL
STREET ADDRESS 3101 PGA BOULEVARD
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE D
NAME GOTTLIEB, GARY
STREET ADDRESS 3101 PGA BOULEVARD
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 OF STEPHEN S MATHISON DT 5/12/02 561-6242001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04-02-2002 90878 025 ****6125
02 JUN 10 AM 11: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)