

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17310

1. Entity Name

PGA NATIONAL TOURNAMENT FOUNDATION, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90152 046 \*\*\*\*70.00

Principal Place of Business Mailing Address  
1555 PALM BCH LAKES BLVD 1100 1555 PALM BCH LAKES BLVD 1100  
P.O. BOX 3267 P.O. BOX 3267  
WEST PALM BCH FL 33402 WEST PALM BCH FL 33402-3267

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

59-2719330

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

ECCLESTONE JR., E.L.  
1555 PALM BCH LAKES BLVD 1100  
W PALM BCH FL 33401

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

**FILE NOW:**  
**FEE IS \$61.25**

9. 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 VTSD ☐ Delete  
NAME COOPER, RON  
STREET ADDRESS 1555 PALM BCH LAKES BLVD  
CITY-ST-ZIP W PALM BCH FL

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

TITLE D ☐ Delete  
NAME GAMMON, NANNETTE  
STREET ADDRESS 1555 PALM BEACH LAKES BLVD  
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE D ☐ Delete  
NAME LEYENDECKER, HELENA  
STREET ADDRESS 1555 PALM BEACH LAKES BLVD #1100  
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE CPD ☐ Delete  
NAME E L ECCLESTONE  
STREET ADDRESS 1555 PALM BEACH LAKES BLVD STE 1100  
CITY-ST-ZIP W PALM BEACH FL 33401

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

TITLE ~~D~~ ☒ Delete  
NAME ~~WRIGHT, COLIN~~  
STREET ADDRESS ~~1555 PALM BEACH LAKES BLVD STE 1100~~  
CITY-ST-ZIP ~~W PALM BEACH FL 33401~~

TITLE D ☐ Change ☒ Addition  
NAME Patrice G Bishop  
STREET ADDRESS 1555 Palm Beach Lakes Blvd - #1100  
CITY-ST-ZIP West Palm Beach FL 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: Ron Cooper  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

561/686-2000

Date

Daytime Phone #