

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33764

1. Entity Name

SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

FILED

00 JAN 25 PM 4: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

112 PGA TOUR BLVD
PONTE VEDRA FL 32082
US

Mailing Address

112 PGA TOUR BLVD
PONTE VEDRA FL 32082-3046
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 59-2998912

Applied For

Not Applied For

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

ANDERSON, RICHARD D
112 PGA TOUR BLVD
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

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

TITLE DCP
NAME KUGHN, RICHARD P
STREET ADDRESS 50625 RICHARD W BLVD
CITY-ST-ZIP CHESTERFIELD MI 48051 ☐ Delete

TITLE D
NAME RENICK, JAMES C
STREET ADDRESS UM, OFC OF THE CHANCELLOR
CITY-ST-ZIP DEARBORN MI 48128-1491 ☒ Delete

TITLE D
NAME FINCHEM, TIMOTHY
STREET ADDRESS 112 PGA TOUR BOULEVARD
CITY-ST-ZIP PONTE VEDRA BCH FL 32082 ☐ Delete

TITLE D
NAME PLUMMER, DEREK
STREET ADDRESS 750 STEPHENSON HIGHWAY
CITY-ST-ZIP TROY MI 48083 ☐ Delete

TITLE D
NAME MCNAMARA, EDWARD H
STREET ADDRESS WAYNE CO BLDG, 600 RANDOLPH
CITY-ST-ZIP DETROIT MI 48226 ☐ Delete

TITLE D
NAME DORAN, WAYNE
STREET ADDRESS 1 PARKLANE BLVD, STE 1500 E
CITY-ST-ZIP DEARBORN MI 48126 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100003117881--6
CITY-ST-ZIP -02/01/00--01044--009
*****70.00 *****70.00

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard D. Anderson

1/20/00

904/285-3700

Daytime Phone #

SP

continued