## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P93000004198** i. Entity Name PGA GOLF ENTERPRISES, INC.

CHRISTINE M. GARRITY AVENUE OF THE CHAMPIONS BEACH GARDENS FL 33418

rincipal Place of Business

Mailing Address

% CHRISTINE M. GARRITY 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL 33418

Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					

**FILED** Feb 21, 2000 8:00 am Secretary of State

02-21-2000 90040 035 \*\*\*150.00



Suito, Apt.	n, oto.	Conto, ript. II, oto.					DO NOT WIT	1112 114 11110 01	/\OL		
City & State		City & State	City & State			4. FEI Number 65-0397758				oplied For	
Zip Country Zip Cou			Countr	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							
-		50 Mg Au	**	Name							
GARRITY, CHRISTINE M 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL 33418				Street Address (P.O. Box Number is Not Acceptable)							
, ADI	I BENOTI CARDENO LE COTTO			City				FL	Zip Coo	le	
	e named entity submits this statement fo	or the purpose of changing	its registered	d office or req	gistered age	ent, or both,	in the State of F	lorida.			
INATURE .	Signature, typed or printed name of registered agent	and title if applicable. (N	IOTE: Registered	Agent signature re	equired when rei	nstating)		DATE			
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOT After MAY 1, Make Check Pay		vill be \$550			on Campaign F Fund Contributi			00 May Be d to Fees	
	OFFICERS AND	DIRECTORS	12.		ADI	DITIONS/CH	HANGES TO OF	FICERS AND I	DIRECTOR	S IN 11	
e Ie Eet adoress - St-Zip	PD   AWTREY, JIM L   100 AVE OF THE CHAMPIONS   PALM BEACH GARDENS FL	Y, JIM L TE OF THE CHAMPIONS		D Change  ME  REET ADDRESS V-ST-ZIP  Palm Beach Gordens, R 33418						Additio	
E ME EET ADDRESS (-ST-ZIP	D MANN, WILL QUARRY HILLS COUNTRY CLUB GRAHAM NC	Delete			. 1211.				☐ Change	☐ Additio	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2000 (56)624-8548