

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000004198**

1. Entity Name

PGA GOLF ENTERPRISES, INC.

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90448 017 ***150.00

0847144 SP

Principal Place of Business

Mailing Address

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

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

B0064333



DO NOT WRITE IN THIS SPACE

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

65-0397758

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

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

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
AWTREY, JIM L
100 AVE OF THE CHAMPIONS
PALM BEACH GARDENS FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TO
Pottinger, Kirk
100 Avenue of the Champions
Palm Beach Gardens, FL 33418** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MANN, WILL
QUARRY HILLS COUNTRY CLUB
GRAHAM NC** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Warren, Roger
100 Avenue of the Champions
Palm Beach Gardens, FL 33418** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CONNELLY, JACK
100 AVE. OF THE CHAMPIONS
PALM BCH GARDENS FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ORENDER, M G
100 AVE OF THE CHAMPIONS
PALM BEACH GARDENS FL 33418** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GARRITY, CHRISTINE M.
100 AVENUE OF THE CHAMPIONS
PALM BEACH GARDENS FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
BOGIN, PAUL
100 AVENUE OF THE CHAMPOINS
PALM BEACH GARDENS FL** ☐ Delete

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

13. 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 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:

Christine Garrity **Christine Garrity, Secretary**

2-19-02

561624 8548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)