

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000076027

1. Entity Name

PGA TOUR MANAGEMENT SERVICES, INC.

FILED

00 JAN 25 PM 4: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3254893		Applied For Not Applied
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired XX		\$8.75 Additional Fee Required
City & State		City & State		5. Certificate of Status Desired XX		\$8.75 Additional Fee Required
Zip	Country	Zip	Country	5. Certificate of Status Desired XX		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRIOLA JAMES C. 112 PGA TOUR BOULEVARD 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 _____ (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, 2000 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORHOUSE, EDWARD L. 112 PGA TOUR BOULEVARD PONTE VEDRA FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KELLY, VERNON A JR 112 PGA TOUR BOULEVARD PONTE VEDRA FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINCHEM, TIMOTHY W 112 PGA TOUR BOULEVARD PONTE VEDRA FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
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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: James C. Triola James C. Triola 1/20/00 904/285-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #