

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000076027

1. Entity Name

PGA TOUR MANAGEMENT SERVICES, INC.

FILED

01 JAN 11 PM 2:12

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 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-3254893	Applied For	
		Not Applicable	

5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TRIOLA JAMES C. 112 PGA TOUR BOULEVARD PONTE VEDRA FL 32082
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7. Name and Address of New Registered Agent
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 reinstalling) 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, 2001 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	
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	DPT KELLY, VERNON A JR 112 PGA TOUR BOULEVARD PONTE VEDRA FL 32082 ☐ Delete
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	S TRIOLA, JAMES C 112 PGA TOUR BOULEVARD PONTE VEDRA BEACH FL 32082 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400003576594--6 -01/26/01--01058--010 ****158.75 ****158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: James C. Triola 1/9/2001 (904) 285-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James C. Triola Date Daytime Phone #

CR2E034 (10/00)