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02 MAY 14 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036314

1. Entity Name

WGV Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
21 World Golf Place	21 World Golf Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, Florida	City & State: St. Augustine, Florida
Zip: 32092 Country: USA	Zip: 32092 Country: USA

4. FEI Number: 59-3399797 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ X **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Helen S. Atter

Street Address (P.O. Box Number is Not Acceptable): 21 World Golf Place

City: St. Augustine FL Zip Code: 32092

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 _____ DATE

Signature of a new or previous registered agent (if applicable) (NOTE: Registered Agent signature required when mailing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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

TITLE	DP
NAME	Finchem, Timothy W.
STREET ADDRESS	112 PGA TOUR Boulevard
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	DV
NAME	Awtrey, Jim L.
STREET ADDRESS	100 Avenue of the Champions
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	DV
NAME	Votaw, Ty
STREET ADDRESS	100 International Golf Drive
CITY-ST-ZIP	Daytona Beach, FL 32124
TITLE	ST
NAME	Beckwith, Ruffin E.
STREET ADDRESS	100 PGA TOUR Boulevard
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Ruffin E. Beckwith Secretary/Treasurer 4.15.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #