

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S68069

1. Entity Name

TOURNAMENT PLAYERS CLUB AT HERON BAY, INC.

FILED

00 JAN 25 PM 4: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11801 HERON BAY BLVD.
CORAL SPRINGS FL 33076
US

Mailing Address

112 PGA TOUR BLVD
PONTE VEDRA FL 32082-3046
US

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 59-3143532

Applied For

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

TRIOLA, JAMES C
112 PGA TOUR BLVD
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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May 2 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME DSRV ZINK, CHARLES L ☐ Delete
STREET ADDRESS 104 PLANTERS ROW EAST
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE NAME DP KELLY, VERNON A. JR ☐ Delete
STREET ADDRESS 1221 S FIRST ST, TH2
CITY-ST-ZIP JACKSONVILLE BCH FL 32250

TITLE NAME D FINCHEM, TIMOTHY W. ☐ Delete
STREET ADDRESS 7160 MARSH HAWK CT.
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE NAME VS TRIOLA, JAMES C ☐ Delete
STREET ADDRESS 1165 SALT MARSH CIR
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE NAME V TOMLINSON, KEITH W. ☐ Delete
STREET ADDRESS 315 PABLO RD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE NAME SRV MOORHOUSE, EDWARD L ☐ Delete
STREET ADDRESS 8009 WHISPER LAKE LANE EAST
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE NAME ☐ Change ☐ Add
STREET ADDRESS 100003118261--0
CITY-ST-ZIP -02/01/00--01064--003
****158.75 ****158.75

TITLE NAME DP Kelly, Vernon A., Jr. ☒ Change ☐ Add
STREET ADDRESS 1221 S. First St. TH-3>
CITY-ST-ZIP Jacksonville Beach, FL 32250

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

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

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

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

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

SIGNATURE:

James C. Triola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00
Date

904/285-3700
Daytime Phone #

SP