2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # V36688** 1. Entity Name PGA MANAGEMENT SERVICES, INC. 03-04-2000 90099 035 ***150.00

Country

Name

City

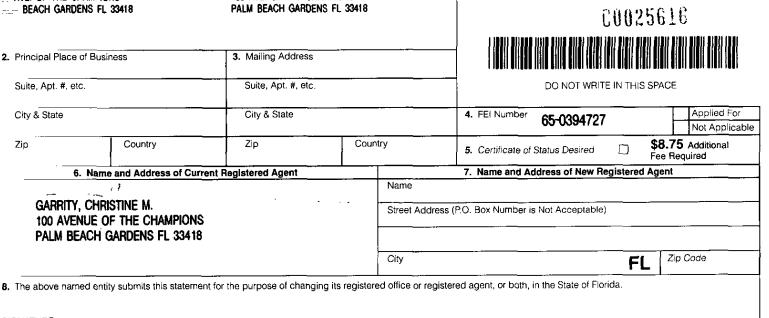
Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

100 AVE. OF THE CHAMPIONS PALM BEACH GARDENS FL 33418 Mar 04, 2000 8:00 am Secretary of State



SIGNATURE	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: R	legistered Agent signat	ure required when re	instating)	DATE	 -
Tax filing requirement and elects to do so. After MAY 1, 2000		FEE IS \$150.00) Fee will be \$550.00 to Department of State		10. Election Campaign Fin Trust Fund Contribution		.00 May Be ed to Fees	
11.	OFFICERS AND DIRE	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AWTREY, JIM 100 AVE. OF THE CHAMPIONS PALM BCH GARDENS FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kohler, J 100 Ave Palm &	Fr., Herbert V. inue of the cha brack Gardens, f	□ Change compions TL 33418	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTINGER, KIRK 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 KLINE, VIC. 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL	Delete Esm expired	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORRELL, STEVE 100 AVENUE 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	D JONES, TOM 100 AVENUE OF THE CHAMPIONS PALM BCH GARDENS FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE	S CAPPITY CHRISTINE M	☐ Delete	TITLE	<u></u>		☐ 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

100 AVENUE OF THE CHAMPIONS

PALM BEACH GARDENS FL

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business AVE. OF THE CHAMPIONS

---- BEACH GARDENS FL 33418

2. Principal Place of Business

Country

GARRITY, CHRISTINE M.

100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL 33418

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

City & State

Zip