

2000 UNIFORM BUSINESS REPORT (UBR)

1

DOCUMENT # N33764

1. Entity Name

SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

FILED
00 JAN 25 PM 4: 16
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2998912**

Applied For

Not Applied For

Zip

Country

Zip

Country

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

ANDERSON, RICHARD D
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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> Delete
NAME	KUGHN, RICHARD P	
STREET ADDRESS	50625 RICHARD W BLVD	
CITY-ST-ZIP	CHESTERFIELD MI 48051	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RENICK, JAMES C	
STREET ADDRESS	UM, OFC OF THE CHANCELLOR	
CITY-ST-ZIP	DEARBORN MI 48128-1491	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINCHEM, TIMOTHY	
STREET ADDRESS	112 PGA TOUR BOULEVARD	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLUMMER, DEREK	
STREET ADDRESS	750 STEPHENSON HIGHWAY	
CITY-ST-ZIP	TROY MI 48083	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMAMARA, EDWARD H	
STREET ADDRESS	WAYNE CO BLDG, 600 RANDOLPH	
CITY-ST-ZIP	DETROIT MI 48226	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORAN, WAYNE	
STREET ADDRESS	1 PARKLANE BLVD, STE 1500 E	
CITY-ST-ZIP	DEARBORN MI 48126	

continued

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100003117881--6
CITY-ST-ZIP	-02/01/00--01044--009 *****70.00 *****70.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Richard D. Anderson

1/20/00

904/285-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #