

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90098 011 ****61.25

0007482

DOCUMENT # 769565

1. Entity Name

SENIOR PGA TOUR TOURNAMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13000 SAWGRASS VILLAGE CIRCLE
 STE. 37
 PONTE VEDRA FL 32082
 US

13000 SAWGRASS VILLAGE CIRCLE
 STE. 37
 PONTE VEDRA FL 32004-1535
 US

C0004040



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

59-2483547

Applied For

Not Applicable

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

MANNING, L
1300 SAWGRASS VILLAGE CIR
STE 37
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **BARON, CHARLIE**
 STREET ADDRESS **1680 VILLAGE CIR CNTR**
 CITY-ST-ZIP **LAS VEGAS NV 89134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **JALESKI, M A**
 STREET ADDRESS **3819 33 CHESTNUT ST 330**
 CITY-ST-ZIP **BALA CUNWYD PA 19004**

TITLE **D** Change Addition
 NAME **Robert BURRIS**
 STREET ADDRESS **5450 YMCA ROAD**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **C** Delete
 NAME **RUSSELL JACK**
 STREET ADDRESS **25 MELVILLE PARK RD**
 CITY-ST-ZIP **MELVILLE NY**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KIZZIAR, MARK**
 STREET ADDRESS **8777 N. GAINEY DR**
 CITY-ST-ZIP **SCOTTSDALE AZ 85258**

TITLE **C** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **O** Delete
 NAME **MANNING, L**
 STREET ADDRESS **1300 SAWGRASS VILLAGE CIR 37**
 CITY-ST-ZIP **PONTE VEDRA FL 32082**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **PAUL, BILL**
 STREET ADDRESS **1333 DORAL DR**
 CITY-ST-ZIP **ORKVILLE ONTARIO CA L6J- 423**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-4-01** Daytime Phone # **904-285-6650**

CR2E037 (10/00)