

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90195 037 \*\*\*\*70.00

**DOCUMENT # N33764**

1. Entity Name

**SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.**

Principal Place of Business

112 PGA TOUR BLVD  
 PONTE VEDRA FL 32082  
 US

Mailing Address

112 PGA TOUR BLVD  
 PONTE VEDRA FL 32082  
 US

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 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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCP</b> <b>KUGHN, RICHARD P</b> <b>50625 RICHARD W BLVD</b> <b>CHESTERFIELD MI 48051</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ANDERSON, RICHARD D</b> <b>8570 HEATHER RUN DR</b> <b>JACKSONVILLE FL 32256</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FINCHEM, TIMOTHY</b> <b>112 PGA TOUR BOULEVARD</b> <b>PONTE VEDRA BCH FL 32082</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PLUMMER, DEREK</b> <b>750 STEPHENSON HIGHWAY</b> <b>TROY MI 48083</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCNAMARA, EDWARD H</b> <b>WAYNE CO BLDG, 600 RANDOLPH</b> <b>DETROIT MI 48226</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DORAN, WAYNE</b> <b>1 PARKLANE BLVD, STE 1500 E</b> <b>DEARBORN MI 48126</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>8719 Rolling Brook Drive</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Continued on attachment

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

Richard D. Anderson

1/31/01

(904) 285-3700

Date

Daytime Phone #

CR2E037 (10/00)

Attachment  
# N 33764  
D0015214

SENIOR PLAYERS CHAMPIONSHIP CHARITIES, INC.

ITEM 11. Officers and Directors (continued)

Title: D  
Name: Douglas, Walter  
Street Address: 112 PGA TOUR Boulevard  
City-St-Zip: Ponte Vedra Beach, Florida 32082

Title: V  
Name: Monday, Jeff  
Street Address: 217 Royal Tern Road N.  
City-St-Zip: Ponte Vedra Beach, Florida 32082

Title: T  
Name: Zink, Charles L.  
Street Address: 104 Planters Road East  
City-St-Zip: Ponte Vedra Beach, Florida 32082