

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000076027

Entity Name: PGA TOUR MANAGEMENT SERVICES, INC.**Current Principal Place of Business:**1 PGA TOUR BLVD.
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**5150 PALM VALLEY ROAD, SUITE 300
PONTE VEDRA BEACH, FL 32082 US**FEI Number:** 59-3254893**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	TRIOLA, JAMES C
Address	1 PGA TOUR BLVD.
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	DIRECTOR, VP
Name	PRICE, RONALD E.
Address	1 PGA TOUR BLVD.
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	VP, TREASURER
Name	SHARKEY, KENNETH J
Address	1 PGA TOUR BLVD.
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	DIRECTOR
Name	MONAHAN, JAY W.
Address	1 PGA TOUR BLVD.
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	DIRECTOR, VP
Name	BROWN, LEONARD D. JR.
Address	1 PGA TOUR BLVD.
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	VP, SECRETARY
Name	KELLER, ALLISON W
Address	1 PGA TOUR BLVD.
City-State-Zip:	PONTE VEDRA BEACH FL 32082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEONARD D. BROWN, JR.

VP

04/30/2022

Electronic Signature of Signing Officer/Director Detail_____
Date