2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90052 040 ****61.25

DOCUMENT # N13224

1. Entity Name

TAMPA BAY POLO CLUB, INC.

Principal Place of Business	Mailing Address
1903 MASTERS WAY PLANT CITY FL 33567 US	P.O. BOX 2027 PLANT CITY FL 33564-2027

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
921 Cowart Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plant City, Fl	City & State
Zip: 33567 Country: US	Zip Country

4. FEI Number: 59-2654996 ☐ Applied For ☐ Not Applicable

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
WALDEN LAKE, INC. 1903 MASTERS WAY PLANT CITY FL 33567	Name Street Address (P.O. Box Number is Not Acceptable) ~~921 Cowart~~ 921 Cowart Rd. City Plant City **FL** Zip Code 33567

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 _____ 4/17/00
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	D KAMPSEN,EDWARD 3224 HENDERSON BLVD. TAMPA FL 33630	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP THOMAS, RIVIERE 1903 MASTERS WAY PLANT CITY FL 33567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFMAN, ALFRED 3213 POLO PL. PLANT CITY FL 33567	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASEY Gaines, M.D 1201 5th Ave N. St. Petersburg, Fl 33705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: ~~Riviere Thomas~~ _____ President 4/17/00 813-626-6747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #