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NON-PROFIT ORGANIZATION

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95 MAY -1 PH 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Meridian
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35830
1. Corporation Name
GTE SUNCOAST CLASSIC ASSOCIATION INC.

Principal Place of Business
16002 N. DALE MABRY
2ND FLOOR
TAMPA, FLORIDA
33618

Mailing Address
c/o CHARLES BAGBY
201 W. KENNEDY BLVD.
SUITE 1200
TAMPA, FLORIDA 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

3. Date incorporated or Qualified
12/27/89

3a. Date of Last Report
5/1/94

4. FEI Number
59-3151363

Applied For
Not Applicable

5. Certificate of Status Desired \$0.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAGBY, CHARLES
201 E. KENNEDY BLVD.
SUITE 1200
TAMPA, FLORIDA 33602

51 Name
52 Street Address (P.O. Box Number is Not Acceptable)
53
54 City
300001477243
-05/05/95-01048-013
*****FL.25 *****61.25

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes.

SIGNATURE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D/P
NAME	JAMES BENNETT
STREET ADDRESS	P.O. BOX 110, FLTC 0605 N/A
CITY-ST-ZIP	TAMPA, FLORIDA 33601
TITLE	D/V
NAME	ALLEN REEVES
STREET ADDRESS	11333 N. FLORIDA AVENUE
CITY-ST-ZIP	TAMPA, FLORIDA 33612
TITLE	D/T
NAME	CHARLES BAGBY
STREET ADDRESS	201 E KENNEDY BLVD, STE1200
CITY-ST-ZIP	TAMPA, FLORIDA 33602
TITLE	C
NAME	PETE DAKS
STREET ADDRESS	P.O. BOX 110, FLTC 0100 N/A
CITY-ST-ZIP	TAMPA, FLORIDA 33601
TITLE	S
NAME	MARILYN BURROWS
STREET ADDRESS	P.O. BOX 110, FLTC 0788 N/A
CITY-ST-ZIP	TAMPA, FLORIDA 33601
TITLE	
NAME	SEE ATTACHED LIST FOR
STREET ADDRESS	ADDITIONAL OFFICERS
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOB ALEXANDER
1.3 STREET ADDRESS	P.O. BOX 110, FLTC N/A
1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33601
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BLAKE HAMILTON
2.3 STREET ADDRESS	P.O. BOX 42025 N/A
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33742
3.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PAUL KING
3.3 STREET ADDRESS	12271 97TH AVENUE NORTH
3.4 CITY-ST-ZIP	SEMINOLE, FLORIDA 34642
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	501 (C) (3) Status
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information disclosed on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles L. Bagby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/27/95 (813) 273-8328 Daytime Phone

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GTE SUNCOAST CLASSIC ASSOCIATION, INC.
EIN: 59-3151363
NON PROFIT ORGANIZATION

1995 CORPORATION ANNUAL REPORT

ATTACHMENT TO LINE 12 - OFFICERS AND DIRECTORS

- C
JIM IVEY
100 E. KENNEDY BLVD., SUITE 1600
TAMPA, FL 33602

- V
BILL MILLER
P.O. BOX 17397
TAMPA, FL 33682

N/A

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AND
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95 MAY -1 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA