

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000008876

Entity Name: SOARING CITY !P, INC.

Current Principal Place of Business:

2138 UNIVERSITY SQUARE MALL
TAMPA, FL 33612

Current Mailing Address:

PO BOX 82497
TAMPA, FL 33682 US

FEI Number: 87-1877343

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARSON, ERIC
2515 W NORTH ST
TAMPA, FL 33614 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: ERIC LARSON

04/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name EISENBERG, ERIC DR.
Address 4202 E FOWLER AVE
City-State-Zip: TAMPA FL 33612-6150

Title DIRECTOR
Name MARTIN, MERRITT L
Address 12902 MAGNOLIA DRIVE
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name BERGHERM, BRUCE
Address 14055 RIVEREDGE DRIVE, SUITE 250
City-State-Zip: TAMPA FL 33637

Title DIRECTOR
Name BRIDOFF, RICK
Address 810 SEVENTH AVE.
10TH FLOOR
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name BOWEN, CHRISTOPHER
Address 12342 UNIVERSITY SQUARE MALL
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name BROWN, JOEL B
Address TECO PLAZA,
702 NORTH FRANKLIN STREET
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name DUNNING, DAVID
Address 13000 BRUCE B. DOWNS BLVD.
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name TIERNEY, MATTHEW
Address 2203 NORTH LOIS AVENUE,
SUITE 1200
City-State-Zip: TAMPA FL 33607

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIC LARSON

COO/MANAGER

04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COMBS, SARAH DR.
Address 14013 N 22ND STREET
City-State-Zip: TAMPA FL 33613

Title COO, MANAGER
Name LARSON, ERIC
Address PO BOX 82497
City-State-Zip: TAMPA FL 33682