

**2022 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:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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 DIRECTOR  
Name LAW, RHEA  
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 . BAUMGARTNER, JOSHUA T  
Address TECO PLAZA,  
702 NORTH FRANKLIN STREET  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name THURMAN, NEAL  
Address SWBG OPERATIONS GROUP BUSCH  
GARDENS  
10165 N MCKINLEY DRIVE  
City-State-Zip: TAMPA FL 33612

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

**Continues on page 2**

*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**

**04/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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