

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 282639

1. Entity Name
FLORIDA POLO, INC.



Principal Place of Business
**4550 POLO ROAD
LAKE WORTH, FL 33467-3718**

Mailing Address
**4550 POLO ROAD
LAKE WORTH, FL 33467-3718**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1096396

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BYRD, WADE R
350 ROYAL PALM WAY
PALM BEACH, FL 33480**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LIPMAN, ROBERT
STREET ADDRESS	411 GREAT CIRCLE ROAD
CITY-ST-ZIP	NASHVILLE, TN 37228
TITLE	VP
NAME	INGRAM, JOHN
STREET ADDRESS	4400 HARDING ROAD
CITY-ST-ZIP	NASHVILLE, TN 37069
TITLE	S
NAME	BYRD, WADE R.
STREET ADDRESS	350 ROYAL PALM WAY STE 409
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	T
NAME	AVERSANO, RANDY
STREET ADDRESS	2643 SHELTINGHAM DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000434988
02/25/06-80023-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT LIPMAN

2-10-06

561-965-2057

Date

Daytime Phone #