2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan		CORR	Pd 60			11. 40.4		
SPORTSMAN'S LODGE DEVELOPMENT CORP.					FILED			
Principal Place of Business BOX 15707		Mailing Address BOX 15707			01 APR 30 PM 7: 10			
ST PETERSBURG FL 33733 US		ST PETERSBURG FL 33733 US		} 	SECRETARY Tallahasse ***********************************	OF STATE E, FLORIDA Main Main Main Mirin	#1#1) #1#11 (##1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number	59-2067840	— ⊢	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired	□ \$8.75 A Fee Requ	
	6. Name and Address of Current Re	gistered Agent	Name		7. Name and A	ddress of New Regis	stered Agent	
DELANO, G. KRISTIN 360 CENTRAL AVE ST PETERSBURG FL 33701			Street	t Address (P.O. Box Number is Not Acceptable)				
31 1	ETEROSONO TE OSTOT		City				FL Zip C	ode
8. The above	named entity submits this statement for the	e purpose of changing its re	egistered office	or register	ed agent, or both,	in the State of Florida	L L.	
SIGNATURE .	Signature, typed or printed name of registered agent and t	itle if applicable. (NOTE:	Registered Agent sign	nature required	when reinstating)		DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!! After MAY 1, 200 Make Check Payabl				\$550.00	Trust	on Campaign Financ Fund Contribution.	ν ,, ΨΦ	.00 May Be led to Fees
11.	OFFICERS AND DIR		12.			HANGES TO OFFICE		
NAME STREET ADDRESS CITY-ST-ZIP	P BRUBAKER, RICHARD M 360 CENTRAL AVE. ST. PETERSBURG FL 33701	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	20	000042 -05/11/0 ***7381)1U1114·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELANO, G. KRISTIN 360 CENTRAL AVE.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3			☐ Chango	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. PETERSBURG FL 33701 T MOORE, SCOT E 360 CENTRAL AVE	ズ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	360	der, David -Central A	lve.	☐ Change	e 🔀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. PETERSBURG FL 33701 D BENJAMIN, BARRY B FORT STREET, P.O. BOX 1369 N/A GEORGE TOWN GR BWI	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Sout	Petersbur they, Robe	ert G.	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, DESMOND FORT STREET, P.O. BOX 1369 N/A GEORGE TOWN GR BWI	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. V v ≎ v S U (L	g, -r⊥ -3370 7-8	☐ Change	e Addition
NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JOHN E FORT STREET, P.O. BOX 1369 N/A GEORGE TOWN GR BWI	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
13. I hereby condicated	ertify that the information supplied with this on this report or supplemental report is true	filing does not qualify for the and accurate and that my	he exemption st signature shall	ated in Sec have the s	ction 119.07(3)(i), F ame legal effect as	Florida Statutes. I furt s if made under oath;	her certify that the that I am an offic	information er or director

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Kristin Delano

4/23/2001 (727) 823-4000

Daytime Phone #