

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003600 (0)

1. Corporation Name

RAINBOW SPRINGS GOLF COMPANY, INC.



Principal Place of Business

Mailing Address

220 S. FRANKLIN STREET
TAMPA FL 33602

220 S. FRANKLIN STREET
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1997

4. FEI Number

39-1783987

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 7300 U.S. Highway 27

Suite, Apt. #, etc.

22

City & State

23 Ocala, FL

Zip

24 34482

Country

25 U.S.A.

2a. Mailing Address

26 7300 U.S. Highway 27

Suite, Apt. #, etc.

27

City & State

28 Ocala, FL

Zip

29 34482

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

GARDNER, J. STEPHEN
220 S. FRANKLIN STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Arnold Sadighi

82

Street Address (P.O. Box Number is Not Acceptable)

7340 NW U.S. Hwy. 27

83

84

City

Ocala

FL

85

Zip Code

34482

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/98

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME FEKER, ALLAN
STREET ADDRESS 220 S. FRANKLIN STREET
CITY-ST-ZIP TAMPA FL

TITLE 8 ☒ DELETE

NAME CHUE, PEONY
STREET ADDRESS 220 S. FRANKLIN STREET
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/S ☐ Change ☒ Addition

1.2 NAME Maryann Moore
1.3 STREET ADDRESS 7300 US Hgh 27
1.4 CITY-ST-ZIP Ocala, FL 34482

2.1 TITLE P/D/T ☐ Change ☒ Addition

2.2 NAME Allan Feker
2.3 STREET ADDRESS 7300 U.S. Highway 27
2.4 CITY-ST-ZIP Ocala, FL 34482

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(i), Florida Statutes. I further certify that the information indicated 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

[Signature]

CR2E034 (10/97)