

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90752 001 ***450.00

DOCUMENT # J88171

1. Entity Name
FLORIDA COUNTRY CLUBS, INC.



Principal Place of Business

**5005 NEPTUNE WAY
TAMPA FL 33609**

Mailing Address

**5005 NEPTUNE WAY
TAMPA FL 33609**

2. Principal Place of Business

3702 W. KENNEDY BLVD

Suite, Apt. #, etc.

3. Mailing Address

3702 W. KENNEDY BLVD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FLORIDA

City & State

3702 W. KENNEDY BLVD

4. FEI Number **59-2834274**

Applied For
Not Applicable

Zip
33609

Country

Zip
33609

Country

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

6. Name and Address of Current Registered Agent

**MIKES, JAMES R
5005 NEPTUNE WAY WEST
TAMPA FL 33609**

Address Change

7. Name and Address of New Registered Agent

Name

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

3702 W. KENNEDY BLVD

City

TAMPA

FL

Zip Code

33609

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.

SIGNATURE *James R. Mikes (James R. Mikes)* PRES & Reg Agent **4-27-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **MIKES, JAMES R**
STREET ADDRESS **5005 NEPTUNE WAY**
CITY-ST-ZIP **TAMPA FL 33609**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3702 W. KENNEDY BLVD**
CITY-ST-ZIP **TAMPA FLA 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE *James R. Mikes (James R. Mikes)* PRES **4-27-01 813-874-2722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)