FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92139 001 ***900.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J88171

1. Entity Name
FLORIDA COUNTRY CLUBS, INC.

55037867

Principal Place of Business
3702 W KENNEDY BLVD
TAMPA, FL 33609

Mailing Address
3702 W KENNEDY BLVD
TAMPA, FL 33609

2. Principal Place of Business	3. Mailing Address
400 North Ashley Plaza	400 North Ashley Plaza
Suite, Apt. #, etc. Suite 3000	Suite, Apt. #, etc. Suite 3000
City & State Tampa, FL	City & State Tampa, FL
Zip 33602 Country USA	Zip 33602 Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2834274 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIKES, JAMES R
3702 W KENNEDY BLVD
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name Mikes, James R.
Street Address (P.O. Box Number is Not Acceptable) 400 North Ashley Plaza, Suite 3000
City Tampa FL Zip Code 33602

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 James R. Mikes 4-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00!
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST MIKES, JAMES R 3702 W KENNEDY BLVD TAMPA, FL 33609 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST Mikes, James R. 400 North Ashley Plaza, Suite 3000 Tampa, FL 33602 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R. Mikes 4-30-03 813-495-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #