2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # K42980

1. Entity Name
THE BAY HILL CLASSIC, INC.

Principal Place of Business	Mailing Address
9000 BAY HILL BLVD. ORLANDO, FL 32819 US	IMG CENTER, 1360 E 9TH ST SUITE 100 CLEVELAND, OH 44114 US

DO NOT WRITE IN THIS SPACE

01102008 No Chg-P CR2E034 (11/05)

4. FEI Number
34-1598058

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND DR
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

05/20/08-80051-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PALMER, ARNOLD D.
STREET ADDRESS	1 ERIEVIEW PLAZA, #1300
CITY-ST-ZIP	CLEVELAND, OH 441141782
TITLE	T
NAME	SWEENEY, CAROLYN
STREET ADDRESS	1360 E. 9TH ST
CITY-ST-ZIP	CLEVELAND, OH 441141782
TITLE	VP
NAME	JOHNSTON, ALASTAIR
STREET ADDRESS	IMG CENTER SUITE 100 1360 E 9TH ST
CITY-ST-ZIP	CLEVELAND, OH 441141782
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Carolyn Sweeney TREASURER 4/24/08 216-522-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CAROLYN SWEENEY - TREASURER Date Daytime Phone #