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 # L20287

1. Entity Name
SUNCOAST COUNTRY CLUBS, INC.

55037869

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

☒ CHECK HERE IF MAKING CHANGES

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

4. FEI Number: 59-2970278 ☐ 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: PSTD NAME: MIKES, JAMES R. STREET ADDRESS: 3702 W KENNEDY BLVD CITY-ST-ZIP: TAMPA, FL 33609	☐ Delete	TITLE: PSTD NAME: Mikes, James R. STREET ADDRESS: 400 North Ashley Plaza, Suite 3000 CITY-ST-ZIP: 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 #

CR2E034 (10/02)