

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90340 020 ***550.00

DOCUMENT # L44164

1. Entity Name

D.T. PALM SPRINGS INTER-CONTINENTAL GOLF CENTER, INC.

Principal Place of Business

**C/O STEPHEN J. MITCHELL
 SUITE 2200
 TAMPA FL 33602**

Mailing Address

**C/O STEPHEN J. MITCHELL
 P.O. BOX 3433
 TAMPA FL 33601
 US**

2. Principal Place of Business

c/o Stephen J. Mitchell

3. Mailing Address

c/o Stephen J. Mitchell

Suite, Apt. #, etc.

201 N. Franklin, Suite 2100

Suite, Apt. #, etc.

201 N. Franklin, Suite 2100

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33602

Country

U.S.A.

Zip

33602

Country

U.S.A.

6. Name and Address of Current Registered Agent

MITCHELL, STEPHEN J.

201 NORTH FRANKLIN STREET

SUITE 2200 2100

TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPST
 DEYHLE, ROLF
 PLIENIGNER STRASSE 100
 STUTTGART GE** ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
**VAS
 MITCHELL, STEPHEN J
 201 N FRANKLIN ST., STE. 2200
 TAMPA FL** ☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/02

813-202-1300

Date

Daytime Phone #

CR2E034 (4/02)