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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L95346

1. Corporation Name

TOURNAMENT PLAYERS ASSOCIATION OF S.W. FLORIDA,
INC.

Principal Place of Business

18213 MAPLE RD
FT MYERS FL 33912
US

Mailing Address

18213 MAPLE RD
FT MYERS FL 33912
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1990

4. FEI Number

59-2365562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 8096 Cypress Dr. N

Suite, Apt. #, etc.

22

City & State

23 Ft. Myers, FL

Zip

24 33912

Country

25 USA

2a. Mailing Address

26 8096 Cypress Dr. N

Suite, Apt. #, etc.

27

City & State

28 Ft. Myers, FL

Zip

29 33912

Country

30 USA

9. Name and Address of Current Registered Agent

OSELETT, DOUG
18213 MAPLE RD
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

Doug Oselett

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

8096 Cypress Dr. N

83

84 City

Ft. Myers,

FL

85 Zip Code

33912

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME DOSELETT, DOUG

STREET ADDRESS 18213 MAPLE RD

CITY-ST-ZIP FT MYERS FL 33912

TITLE ☐ DELETE

NAME DOSELETT, DOUG

STREET ADDRESS 8096 CYPRESS DR. N

CITY-ST-ZIP FT. MYERS, FL 33912

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DOSELETT, DOUG

1.3 STREET ADDRESS 8096 CYPRESS DR. N

1.4 CITY-ST-ZIP FT. MYERS, FL 33912

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)