

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22415 (6)

1. Corporation Name

THE MERIDIAN CLUB, INC.

Principal Place of Business

Mailing Address

2906-A BAY TO BAY
401 E KENNEDY BLVD. STE 4060
TAMPA FL 33629
US

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401 E KENNEDY BLVD. STE 4060
TAMPA FL 33629
US



3. Date Incorporated or Qualified
09/09/1987

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2882707

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 Remove 2nd line
23 City & State
24 Zip
25 Country
26 Suite, Apt. #, etc.
27 Remove 2nd line
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATLAS, R TROY
880 CARILLON PKWY
SUITE 1400
ST PETERSBURG FL 33716

81 Name Atlas, R. Troy
82 Street Address (P.O. Box Number is Not Acceptable)
Heritage
83 880 Carillon Pkwy
84 City
85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTHIER, MARK	
STREET ADDRESS	101 E KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUBIO, MARK	
STREET ADDRESS	101 E. KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARVILL, ALAN	
STREET ADDRESS	3206 SAN JOSE STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LEWIS, BOB	
STREET ADDRESS	P O BOX 4689	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ATLAS, R TROY	
STREET ADDRESS	880 CARILLON PKWY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gauthier, Mark
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DB
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DT
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DP Walters, Ken
6.3 STREET ADDRESS	1304 S. DeSoto Ave. # 310
6.4 CITY-ST-ZIP	Tampa, FL 33606

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. Troy Atlas

R. Troy Atlas

4/16/96 (813)578-3800 ext.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)