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|--|--|---|---|---|--|--|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997  |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS  |   | May 05 1997 8:00a<br>Secretary of State   |  |  |  |
|  | NENT # N22415<br>RIDIAN CLUB, INC  | 5 (6)   |   |   |  |  |  |
| Principal Place of Business<br>2905-A BAY TO BAY<br>TAMPA FL 33629<br>US   |  | Mailing Address<br>2906 A BAY TO BAY<br>TAMPA FL 33629-8113<br>US   |   |   |  |  |  |
| 1  |  | 03  |   | 3. Date Incorporated or Qualified<br>09/09/1987   | 3a. Date of Last<br>04/25/1  | Report<br>996                                |  |
| 2. Principal Place of Business   |  | 2a. Mailing Address<br>26   |   | 4. FEI Number<br>59-2882707   |  | Applied For<br>Not Applicable                |  |
| Sulte, Apt. #, etc.  |  | Suile, Apt. #, etc.   |   | 5. Certificate of Status Desired  | 4  | Additional<br>Required                       |  |
| City & State   |  | City & State  |   | 6. Election Campaign Financing<br>Trust Fund Contribution   |  |  |  |
| Zip  | Country<br>25  | Zip<br>29   | Country   | 8. This corporation has liability fo<br>Florida Statutes  | r intangible tax under   | s. 199.032,                                  |  |
|  | 9. Name and Address of Current   | = =   |   | 10. Name and Address of New R   | tegistered Agent   |  |  |
| ST PETER   | alatoriad agont or bolb in the State   | of Florida, Such change was   | authorized by the corn  | corporation submits this statement for the  | FL   | p Code                                       |  |
| 880 CARI<br>ST PETER   | RSBURG FL 33716<br>o the provisions of Sections 617.0502<br>glistered agent, or both, in the State<br>n familiar with, and accept the obliga<br>Storeture, typed or printed name of registered agen  | of Florida. Such change was<br>ations of, Section 617.0503, F   | 84 City<br>Ites, the above-named of<br>authorized by the corporation<br>forida Statutes.  | oration's board of directors. I hereby acc  | Purpose of changing<br>ept the appointment a   | its registered<br>as registered              |  |
| 880 CARI<br>ST PETER<br>1. Pursuant to<br>office or re<br>agent. I an<br>IGNATURE<br>2.  | RSBURG FL 33716<br>o the provisions of Sections 617.0502<br>egistered agent, or both, in the State<br>m familiar with, and accept the obliga<br>Signature, typed or printed name of registered agen<br>OFFICERS AND  | of Florida. Such change was<br>ations of, Section 617.0503, F<br>nt and life if applicable (NC<br>D DIRECTORS   | 84 City<br>authorized by the corporation of the source of the | equired when reinstating)   | Purpose of changing<br>ept the appointment a   | its registered<br>as registered<br>DRS IN 12 |  |
| 880 CARI<br>ST PETER<br>1. Pursuant to<br>office or re<br>agent. I an<br>HGNATURE  | RSBURG FL 33716<br>o the provisions of Sections 617.0502<br>agistered agen1, or both, in the State<br>in familiar with, and accept the obliga<br>Signature, typed or printed name of registered agor<br>OFFICERS AND<br>D<br>GAUTHLER, MARK<br>101 E KENNEDY BLVD  | of Florida. Such change was<br>ations of, Section 617.0503, F   | 84     City       ittes, the above-named of authorized by the corplorida Statutes.     Statutes.       TE: Registered Agent signature i     13.       1.1 TILE     1.2 NAME       1.3 STREET ADDRESS     1.3 STREET ADDRESS   | equired whan reinstaling)<br>ADDITIONS/CHANGES TO OFF<br>Stichter, Scott<br>110, Madilian St. # 2                   | DATE   | its registered<br>as registered<br>DRS IN 12 |  |
| 680 CARI<br>ST PETER<br>1. Pursuant to<br>office or re<br>agent. I an<br>IGNATURE<br>2.<br>2.<br>2.<br>2.<br>1.<br>E<br>2.<br>1.<br>E<br>2.<br>1.<br>E<br>2.<br>1.<br>E<br>2.<br>1.<br>E<br>2.<br>2.<br>2.<br>2.<br>2.<br>2.<br>2.<br>2.<br>2.<br>2.<br>2.<br>2.<br>2.   | RSBURG FL 33716<br>o the provisions of Sections 617.0502<br>agistered agent, or both, in the State<br>in familiar with, and accept the obliga<br>Signature, typed or printed name of registered agen<br>OFFICERS AND<br>D<br>GAUTHLER, MARK<br>101 E KENNEDY BLVD<br>TAMPA FL<br>D   | of Florida. Such change was<br>ations of, Section 617.0503, F<br>nt and life if applicable (NC<br>D DIRECTORS   | 84     City       ittes, the above-named of<br>authorized by the corp-<br>torida Statutes.     Net corp-<br>torida Statutes.       TE: Registered Agent signature in<br>13,<br>1,1 TILLE<br>1,2 NAME     Net corp.  | equired when reinstaling)<br>ADDITIONS/CHANGES TO OFF<br>CFICHTER, Scott  | DATE   | DRS IN 12                                    |  |
| BBO CARI<br>ST PETER<br>I. Pursuant to<br>office or re<br>agent I an<br>IGNATURE<br>2.<br>TILE<br>WE<br>REET ADDRESS<br>TY-ST-ZIP<br>TLE<br>WE   | RSBURG FL 33716<br>o the provisions of Sections 617.0502<br>agistered agent, or both, in the State<br>in familiar with, and accept the obliga<br>Standure, typed or protect name of registered agen<br>OFFICERS AND<br>GAUTHLER, MARK<br>101 E KENNEDY BLVD<br>TAMPA FL<br>D<br>RUBIO, MARK<br>101 E. KENNEDY BLVD   | of Florida. Such change was<br>stions of, Section 617.0503, F<br>ni and inte if applicable (NC<br>D DIRECTORS   | 84     City       ittes, the above-named of<br>authorized by the corp-<br>forida Statutes.     1000000000000000000000000000000000000  | equired whan reinstaling)<br>ADDITIONS/CHANGES TO OFF<br>Stichter, Scott<br>110, Madilian St. # 2                   | DATE   | DRS IN 12                                    |  |
| ABO CARI<br>ST PETER<br>I. Pursuant to<br>office or re<br>agent. I an<br>iGNATURE<br>2.<br>TLE<br>WME<br>IREET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME<br>IREET ADDRESS<br>TY-ST-ZIP  | RSBURG FL 33716<br>o the provisions of Sections 617.0502<br>agistered agent, or both, in the State<br>in familiar with, and accept the obliga<br>Signature, typed or protect name of registered agen<br>OFFICERS AND<br>D<br>GAUTHLER, MARK<br>101 E KENNEDY BLVD<br>TAMPA FL<br>D<br>RUBIO, MARK  | of Florida. Such change was<br>stions of, Section 617.0503, F<br>ni and inte if applicable (NC<br>D DIRECTORS   | 84 City   Ites, the above-named of<br>authorized by the corp-<br>lorida Statutes.   T3.   1.1 TILE   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY - S1-ZIP   2 1 TILE   2 NAME  | equired whan reinstaling)<br>ADDITIONS/CHANGES TO OFF<br>Stichter, Scott<br>110, Madilian St. # 2                   | DATE   | e Addition                                   |  |
| ABO CARI<br>ST PETER<br>I. Pursuant to<br>office or re<br>agent. I an<br>IGNATURE<br>2.<br>TLE<br>MIE<br>REET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME<br>REET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME  | RSBURG FL 33716<br>o the provisions of Sections 617.0502<br>agistered agent, or both, in the State<br>in familiar with, and accept the obliga<br>Staneture, typed or printed name of registered agen<br>OFFICERS AND<br>D<br>GAUTHLER, MARK<br>101 E KENNEDY BLVD<br>TAMPA FL<br>D<br>RUBIO, MARK<br>101 E. KENNEDY BLVD<br>TAMPA FL<br>D<br>HARVILL, ALAN   | of Florida. Such change was<br>titions of, Section 617.0503, F<br>nt and life if applicable (NC<br>D DIRECTORS<br>DELETE                              | 84 City   Ites, the above-named of<br>authorized by the corporation<br>forida Statutes.   TE: Registered Agent signature in<br>13.   1.1 TILE   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-S1-ZIP   2.1 TILE   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-S1-ZIP   3.1 TILE   3.2 NAME  | equired whan reinstaling)<br>ADDITIONS/CHANGES TO OFF<br>Stichter, Scott<br>110, Madilian St. # 2                   | DATE   | e Addition                                   |  |
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| BRO CARI ST PETER | RSBURG FL 33716<br>o the provisions of Sections 617.0502<br>agistered agent, or both, in the State<br>in familiar with, and accept the obliga<br>Signature, typed or printed name of registered agen<br>OFFICERS AND<br>D<br>GAUTHLER, MARK<br>101 E KENNEDY BLVD<br>TAMPA FL<br>D<br>RUBIO, MARK<br>101 E. KENNEDY BLVD<br>TAMPA FL<br>D<br>HARVILL, ALAN<br>3206 SAN JOSE STREET<br>TAMPA FL<br>D  | of Florida. Such change was<br>tions of, Section 617.0503, F<br>nt and life if applicable (NC<br>D DIRECTORS<br>DELETE<br>DELETE<br>DELETE            | 84 City   Ites, the above-named of<br>authorized by the corporation<br>forida Statutes.   Ite:   13.   1.1 TITLE   1.2 NAME   1.3 STREET ADDRESS   1.4 CITY-SI-ZIP   2 TITLE   2 NAME   2.3 STREET ADDRESS   2.4 CITY-SI-ZIP   3.1 TITLE   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-SI-ZIP   4.1 TITLE  | equired whan reinstaling)<br>ADDITIONS/CHANGES TO OFF<br>Stichter, Scott<br>110, Madilian St. # 2                   | DATE<br>DATE<br>ICERS AND DIRECTI<br>CRS AND DIRECTI<br>Change<br>Change<br>Change<br>Change | e Addition                                   |  |
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