

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44328

1. Entity Name

POLO PLAYERS PLANTATION ASSOCIATION, INC.

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90004 034 ****61.25

Principal Place of Business

Mailing Address

1903 MASTERS WAY
 PLANT CITY FL 33567
 US

PO BOX 2027
 PLANT CITY FL 33567
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0284808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, STEPHEN J.
 201 NORTH FRANKLIN STREET
 SUITE 2100
 TAMPA FL 33602

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME THOMAS, REVERE
 STREET ADDRESS 921 COWART RD
 CITY-ST-ZIP PLANT CITY FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
 NAME GAINES, CASEY M.D
 STREET ADDRESS 1201 5TH AVE
 CITY-ST-ZIP SAINT PETERSBURG FL 33705 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
 NAME THOMPSON, TRACEY
 STREET ADDRESS 1087 COWART RD
 CITY-ST-ZIP PLANT CITY FL 33567 ☒ Delete

TITLE STD
 NAME Dardo Iglesias
 STREET ADDRESS 925 Cowart Rd.
 CITY-ST-ZIP Plant City, FL 33567 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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:

Signature of Stephen J. Mitchell

CR2E037 (5/01)