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FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003224 (2)**

1. Corporation Name

ST. PETE SEMINOLE CLUB, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 7236
ST. PETERSBURG FL 33734

POST OFFICE BOX 7236
ST. PETERSBURG FL 33734-7236

3. Date Incorporated or Qualified
06/23/1994

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
59-3252406

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

10. Name and Address of New Registered Agent

**WILSEY, STEVEN M
275 FOURTH STREET NORTH
ST. PETERSBURG FL 33701**

81 Name

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

83

84 City

FL

85 Zip Code

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

Steven Wilsey
Signature, typed or printed name of registered agent and sole if applicable.

(NOTE: Registered agent signature required when reinstating)

4/3/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STONER, THERESA	
STREET ADDRESS	P.O. BOX 3642 NA	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	STONER, JOSI	
STREET ADDRESS	P.O. BOX 3642	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILSEY, STEVEN M	
STREET ADDRESS	479 - 25TH AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BAL, BRAD	
STREET ADDRESS	P.O. BOX 3642	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LITTLE, MARTHA	
STREET ADDRESS	751 - 25TH AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANCO, JOHN	
STREET ADDRESS	4101 40TH WAY SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres. Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John Franco	
1.3 STREET ADDRESS	4101 40th way south	
1.4 CITY-ST-ZIP	St. Petersburg, FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steven Wilsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0061399

CR2E037 (9/96)