N97000003911

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: Robert L. Karshner EIN or SS#: _____

Address: 14499 N. Dale Mabry Hwy., Ste. 270

Tampa, FL 33618

Amount: $103.75 Date Paid: _____

Reason for Claim: Filed in error as a profit. Paid annual report fee for a profit corp.

Request refund of overpayment. SOUTHEAST HEALTH & RACQUET SPORTS ASSOCIATION, INC.

N97000003911. S. Tala/New Filings

RECEIVED
97 JUL -9 AM 10:07
DIVISION OF CORPORATIONS

Certified true and correct this _____ day of _____, 19 _____.

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

Do Not Write in This Box - For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim:
Amount of recommended refund $ 103.75
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

State Treasurer's Receipt No. 92499 042 *dated* 03/03/97

NAME OF ACCOUNT: _____

45202130001453000000000010000

Statutory Authority for Collection 607.0122
It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

45202130001453000000022002000

Certified true and correct this _____ day of _____, 19 _____.

Department of State, Division of Corporations _____
(Agency) **(Authorized Agency Signature and Title)**

CR2E060(9/96)