## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # **P94000043801** THE TOPS'L CLUB OF NW FLORIDA, INC. 01-26-2000 90108 001 \*\*\*900.00 Principal Place of Business Mailing Address 35000 EMERAL COAST PARKWAY P.O. BOX 30 DESTIN FL 32540-0030 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3256259 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CEO + DIR TITLE CEO ☐ Delete LEVINE, DAVID L NAME 530 Oak Court Drive, Suite 360 STREET ADDRESS STREET ADDRESS 35000 EMERALD COAST PARKWAY CITY-ST-ZIP Memphis TN 38117 CITY-ST-7IP DESTIN FL 32541 SR. VP □ Delete TITLE TITLE OLIN, JAMES S NAME NAME 530 Oak Court Drive, Suite 360 STREET ADDRESS STREET ADDRESS 35000 EMERALD COAST PARKWAY Mempis TN 38117 CITY-ST-ZIP CITY-ST-7IP DESTIN FL 32541 ☐ Addition SVCF Delete TITLE NAME Jarvis, Jeffery M NAME 530 Oak Court Orive, Suite 360 35000 EMERALD COAST PARKWAY STREET ADDRESS STREET ADDRESS Memphis TN 38117 CITY-ST-ZIP CITY-ST-7IP DESTIN FL 32541 SVS **X** Delete ☐ Change Addition TITLE TITLE LINES, JOHN K NAME NAME STREET ADDRESS 35000 EMERALD COAST PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Change VC TITLE ■ Addition TITLE ☐ Delete ALDY, MARK C NAME NAME 530 Oak Court Drive, Suite 360 STREET ADDRESS 35000 EMERALD COAST PARKWAY STREET ADDRESS Memphis TN 38117 CITY-ST-ZIP CITY-ST-7IP DESTIN FL 32541 Change VAS Delete TITLE TITLE BUECHLER, KELLEY NAME NAME STREET ADDRESS STREET ADDRESS 35000 EMERALD COAST PARKWAY CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Memphis 13. I hereby certify that the information supplied with this filling 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 607, Florida Statutes: and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TED MAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date