2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 02, 2001 8:00 am Secretary of State DOCUMENT # **P9400043801** THE TOPS'L CLUB OF NW FLORIDA, INC. 02-02-2001 90002 001 ***900.00 Principal Place of Business Mailing Address 35000 EMERAL COAST PARKWAY P.O. BOX 30 DESTIN FL 32541 DESTIN FL 32540 24000 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For .. 59-3256259 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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 City 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEOD TITLE ☐ Delete TITLE ☐ Change Addition LEVINE, DAVID L NAME NAME 530 OAK CT DR., STE 360 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MEMPHIS TN 38117 CITY-ST-ZIP SRVP TITLE ☐ Delete TITLE Change ☐ Addition OLIN, JAMES S NAME NAME 530 OAK CT DR., STE 360 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MEMPHIS TN 38117 CITY-ST-ZIP SVCF VP+ Treasurer TITLE -Delete TITLE ☐ Change ☐ Addition David Selberg 530 Oak Ct Dr. Suite 360 JARVIS, JEFFERY M NAME STREET ADDRESS 530 OAK CT DR., STE 360 STREET ADDRESS CITY-ST-ZIP MEMPHIS TN 38117 Memphis TN 38117 CITY-ST-7IP P + 600 TITLE ☐ Delete TITLE **X** Change ☐ Addition SEYMOUR, EDWARD NAME NAME 35000 EMERALD COAST PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP VC TITLE Controller X Delete TITLE Change ☐ Addition NAME ALDY, MARK C Scott Murphy 530 Oak Ct Dr. Suite 360 NAME 530 OAK CT DR., STE 360 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MEMPHIS TN 38117 CITY-ST-ZIP Mcmphis TN 38117 VAS TITLE ☐ Delete TITLE Change ☐ Addition STANDARD, KELLEY B NAME NAME STREET ADDRESS 530 OAK CT DR., STE 360 STREET ADDRESS CITY-ST-ZIP MEMPHIS TN 38117 CITY-ST-ZIP 13. 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 director of the corporation of the corporation or the receiver director director director director

SIGNATURE:

ED NAME OF GNING OFFICER OR DIRECTOR