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FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000086368 (5)

1. Corporation Name

THE PALMS COUNTRY CLUB AND RESORT INC.

Principal Place of Business

2701 FANTASY LANE  
VILLA RIDGE MO 63089

Mailing Address

2701 FANTASY LANE  
VILLA RIDGE MO 63089-2300

2. Principal Place of Business

21 7951 Fantasy Heights

Suite, Apt. #, etc.

Blvd.

City & State

23 Kissimmee, FL

Zip

24 34747

Country

25 USA

2a. Mailing Address

26 7951 Fantasy Heights

Suite, Apt. #, etc.

Blvd.

City & State

28 Kissimmee, FL

Zip

29 34747

Country

30 USA

9. Name and Address of Current Registered Agent

WOLFE, LARRY  
200 - JOHN KNOX ROAD  
TALLAHASSEE FL 32303-6843

3. Date Incorporated or Qualified

11/28/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

58-2158218

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

81 Name

TOBY W. MILLER

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

7951 FANTASY HEIGHTS BLVD.

83

84 City

KISSIMMEE,

FL

85 Zip Code

34747

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Toby W. Miller*

TOBY W. MILLER

4-3-97

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE

NAME UNNERSTALL, JEFFREY C

STREET ADDRESS 2701 FANTASY LANE

CITY-ST-ZIP VILLA RIDGE MO

TITLE VD ☐ DELETE

NAME UNNERSTALL, CHRISTOPHER J

STREET ADDRESS 8 VIENTO

CITY-ST-ZIP WASHINGTON MO

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PC

Unnerstall, Jeffrey C.

7807 Mertyle Oak

Kissimmee, FL 34747

V D

Unnerstall, Chris J.

2807 Drifting Lilly Loop

Kissimmee, FL 34747

TDS

Toby W. Miller

301 Glenwood Blvd.

Davenport, FL 33837

☒ Change

☐ Addition

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☐ Addition

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

SIGNATURE:

*Sandra B. Mortham*

3/1/97

407-290-9174

CR2E034 (9/96)