

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000039051 (4)

1. Corporation Name

BRASSIE GOLF MANAGEMENT SERVICES, INC.



Principal Place of Business

12444 POWERSCOURT DRIVE
SUITE 284
ST. LOUIS MO 63131

Mailing Address

12444 POWERSCOURT DRIVE
SUITE 284
ST. LOUIS MO 63131

3. Date Incorporated or Qualified

05/17/1995

3a. Date of Last Report

2. Principal Place of Business

21 5806 A Breckenridge Pkwy
Suite, Apt. #, etc.

2a. Mailing Address

26 5806 A Breckenridge Pkwy
Suite, Apt. #, etc.

4. FEI Number

582180666

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

22 City & State
23 Tampa, FL

27 City & State
28 Tampa, FL

24 Zip
33610

25 Country
USA

29 Zip
33610

30 Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOBERING, GARY & WHITE, P.A.
201 S. ORANGE AVENUE
SUITE 760
ORLANDO FL 32801

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME TD
STREET ADDRESS NACHT, GARY
CITY-ST-ZIP 12444 POWERSCOURT DRIVE, SUITE 284
ST. LOUIS MO 63131

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME PD
STREET ADDRESS HORNE, BILL
CITY-ST-ZIP 12444 POWERSCOURT DRIVE, SUITE 284
ST. LOUIS MO 63131

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PD
2.3 STREET ADDRESS Horne, Bill
2.4 CITY-ST-ZIP 5806 A Breckenridge Pkwy
Tampa, FL 33610

TITLE ☐ DELETE
NAME SD
STREET ADDRESS KRAUMANIS, SVEN
CITY-ST-ZIP 12444 POWERSCOURT DRIVE, SUITE 284
ST. LOUIS MO 63131

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME SK
3.3 STREET ADDRESS Kraumanis, Sven
3.4 CITY-ST-ZIP 5806 A Breckenridge Pkwy
Tampa, FL 33610

TITLE ☐ DELETE
NAME VD
STREET ADDRESS RICHARDSON, TOM
CITY-ST-ZIP 12444 POWERSCOURT DRIVE, SUITE 284
ST. LOUIS MO 63131

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME VD
4.3 STREET ADDRESS Richardson, Tom
4.4 CITY-ST-ZIP 5806 A Breckenridge Pkwy
Tampa, FL 33610

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

4/30/96

Daytime Phone #

CR2E034 (12/95)