

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

PROFIT
CORPORATION
ANNUAL REPORT •
1996



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

DOCUMENT # **P95000074124 (5)**

1. Corporation Name

GOLDEN STEEPLECHASERS, INC.



Principal Place of Business

**101 EAST KENNEDY BLVD.
SUITE 3300
TAMPA FL 33602**

Mailing Address

**101 EAST KENNEDY BLVD.
SUITE 3300
TAMPA FL 33602**

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3334302

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

Zip

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAINEY, DORIS D
101 EAST KENNEDY BLVD.
SUITE 3300
TAMPA FL 33602**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHAELS, J. PATRICK JR.	
STREET ADDRESS	101 EAST KENNEDY BLVD., SUITE 3300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GORDON, BRAD A.	
STREET ADDRESS	101 EAST KENNEDY BLVD., SUITE 3300	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	V	<input type="checkbox"/> DELETE
NAME	THOMAS W. CARDY	
STREET ADDRESS	101 EAST KENNEDY BLVD., SUITE 3300	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	V/T	<input type="checkbox"/> DELETE
NAME	DORIS D. RAINEY	
STREET ADDRESS	101 EAST KENNEDY BLVD., SUITE 3300	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	V/S	<input type="checkbox"/> DELETE
NAME	DAVID A. BURNS	
STREET ADDRESS	101 EAST KENNEDY BLVD., SUITE 3300	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**000001744400
-03/15/96--01034--020
***200.00**

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

2-21-96

813/226-8844

Date

Daytime Phone #

CR2E034 (12/95)