FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 16, 2001 8:00 am DOCUMENT # P95000074124 **Secretary of State** 1. Entity Name GOLDEN STEEPLECHASERS, INC. 02-16-2001 90013 047 ***150.00 Principal Place of Business Mailing Address 101 EAST KENNEDY BLVD. 101 EAST KENNEDY BLVD. **SUITE 3300 SUITE 3300** TAMPA FL 33602 **TAMPA FL 33602** 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 59-3334302 Not Applicable Zip Country Zip 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 GORDON BRAD A GORDON, BRAD A Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BLVD. **SUITE 3300** SUITE-3925 **TAMPA FL 33602** 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 ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DD. Change Change Addition TITLE ☐ Delete TITLE MICHAELS, J. PATRICK JR. MICHAELS, J. PATRICK JR. NAME NAME STREET ADDRESS 101 E. KENNEDY BLVD., SUITE 3925 STREET ADDRESS 101 EAST KENNEDY BLVD., SUITE 3300 CITY-ST-ZIP CITY-SY-7IP **TAMPA FL 33602** TAMPA FL 3,3602 Change > ☐ Addition ☐ Delete TITLE TITLE GORDON, BRAD A NAME NAME GORDON, BRAD A STREET ADDRESS STREET ADDRESS 101 EAST KENNEDY BLVD., SUITE 3300 101 E KENNEDY BLVD., SUITE 3925 CITY-ST-7IP CITY-ST-7IP TAMPA FL 33602 TAMPA FL 33602 Change Addition TITLE TITLE (Delete CARDY, THOMAS W NAME NAME STREET ADDRESS STREET ADDRESS 101 EAST KENNEDY BLVD., SUITE 3300 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** TITLE Delete TITLE RAINEY, DORIS D NAME RAINEY, DORIS D NAME 101 E. KENNEDY BLUD., SUITE 3925 STREET ADDRESS 101 EAST KENNEDY BLVD., SUITE 3300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** TAMPA, FL 33600 TITLE TITLE ☐ Change ☐ Addition Delete _ NAME BURNS, DAVID A NAME 101 EAST KENNEDY BLVD., SUITE 3300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** ☐ Change < Addition > TITLE ☐ Delete TITLE RODGERS, JOAN NAME NAME IDIE. KENNEDY BLVD., SUITE 3925 STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TAMBA, FL 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 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.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #