

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90180 027 ***150.00

DOCUMENT # P95000074124

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 E. Kennedy Blvd.

Suite, Apt. #, etc.
Suite 3925

City & State
Tampa, FL

Zip
33602

Country
U.S.A.

3. Mailing Address

101 E. Kennedy Blvd.

Suite, Apt. #, etc.
Suite 3925

City & State
Tampa, FL

Zip
33602

Country
U.S.A.

4. FEI Number **59-3334302**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GORDON, BRAD A
101 EAST KENNEDY BLVD.
SUITE 3925
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MICHAELS, J. PATRICK JR.	
STREET ADDRESS	101 E. KENNEDY BLVD. SUITE 3925	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GORDON, BRAD A	
STREET ADDRESS	101 E KENNEDY BLVE., SUITE 3925	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAINEY, DORIS D	
STREET ADDRESS	101 E. KENNEDY BLVD. SUITE 3925	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VT	<input type="checkbox"/> Delete
NAME	RODGERS, JOAN	
STREET ADDRESS	101 E. KENNEDY BLVD. SIUTE 3925	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E034 (9/01)