

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90016 012 ***150.00

DOCUMENT # P95000074124

1. Entity Name
GOLDEN STEEPLECHASERS, INC.



Principal Place of Business

101 E KENNEDY BLVD
#3300
TAMPA, FL 33602 US

Mailing Address

101 E KENNEDY BLVD
#3300
TAMPA, FL 33602 US

04010033



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3334302

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, BRAD A
101 EAST KENNEDY BLVD.
SUITE 3300
TAMPA, FL 33602

Name

Gordon, Brad A.

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

101 E. Kennedy Blvd.

Ste. # 3300

City

Tampa

FL

Zip Code

33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

BRAD A. GORDON

2-9-04

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MICHAELS, J. PATRICK JR.
STREET ADDRESS 101 E KENNEDY BLVD #3300
CITY-ST-ZIP TAMPA, FL 33602

TITLE VS ☐ Delete
NAME GORDON, BRAD A
STREET ADDRESS 101 E KENNEDY BLVD #3300
CITY-ST-ZIP TAMPA, FL 33602

TITLE V ☐ Delete
NAME RAINEY, DORIS D
STREET ADDRESS 101 E KENNEDY BLVD #3300
CITY-ST-ZIP TAMPA, FL 33602

TITLE VT ☐ Delete
NAME RODGERS, JOAN
STREET ADDRESS 101 E KENNEDY BLVD #3300
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

V.P.

Date

Daytime Phone #

2-9-04

813-226-8844