

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90336 038 ***150.00

DOCUMENT # P95000074124

1. Entity Name
GOLDEN STEEPLECHASERS, INC.



Principal Place of Business
**101 E KENNEDY BLVD
SUITE 3025 3300
TAMPA FL 33602
US**

Mailing Address
**101 E KENNEDY BLVD
SUITE 3025 3300
TAMPA FL 33602
US**



2. Principal Place of Business
**101 E. Kennedy Blvd.
Suite Apt. #, etc. # 3300**

3. Mailing Address
**101 E. Kennedy Blvd.
Suite Apt. #, etc. # 3300**

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number **59-3334302**

Applied For
Not Applicable

Zip Country
33602 Hillsborough

Zip Country
33602 Hillsborough

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GORDON, BRAD A
101 EAST KENNEDY BLVD.
SUITE 3025-3300
TAMPA FL 33602**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MICHAELS, J. PATRICK JR.	
STREET ADDRESS	101 E. KENNEDY BLVD. SUITE 3025 3300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GORDON, BRAD A	
STREET ADDRESS	101 E KENNEDY BLVE., SUITE 3025 3300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAINEY, DORIS D	
STREET ADDRESS	101 E. KENNEDY BLVD. SUITE 3025 3300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VT	<input type="checkbox"/> Delete
NAME	RODGERS, JOAN	
STREET ADDRESS	101 E. KENNEDY BLVD. SIUTE 3025 3300	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michaels, J. Patrick Jr.	
STREET ADDRESS	101 E. Kennedy Blvd. #3300	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gordon, Brad A.	
STREET ADDRESS	101 E. Kennedy Blvd. #3300	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rainey, Doris D.	
STREET ADDRESS	101 E. Kennedy Blvd. #3300	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodgers, Joan	
STREET ADDRESS	101 E. Kennedy Blvd. #3300	
CITY-ST-ZIP	Tampa, FL 33602	
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		

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 REQUIRED

V.P.

4/4/03

813-226-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)