

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000086508 (5)

1. Corporation Name

WORLD GOLF & COUNTRY CLUB TAMPA/ST. PETERSBURG, INC.



Principal Place of Business

6145 SUN BLVD.
SUITE 407 B
ST. PETERSBURG FL 33715

Mailing Address

6145 SUN BLVD.
SUITE 407 B
ST. PETERSBURG FL 33715

2. Principal Place of Business

2a. Mailing Address

21 25 2nd Street No.

26 25 2nd Street North

22 Suite, Apt. #, etc.
Suite 215

27 Suite, Apt. #, etc.
Suite 215

23 City & State
St. Petersburg

28 City & State
St. Petersburg

24 Zip Country
33701 USA

29 Zip Country
33701 USA

3. Date Incorporated or Qualified
11/09/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3345619

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

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

CAPPIELLO, PATRICIA P
6145 SUN BLVD.
SUITE 407 B
ST. PETERSBURG FL 33715

81 Name Michael D. Longshore

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

25 Second Street North
Suite 215

84 City St. Petersburg

FL 85 33701

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President/Secretary ☐ DELETE
NAME Ronald Jack Sparks
STREET ADDRESS 25 2nd Street North, Suite 215
CITY-ST-ZIP St. Petersburg, FL 33701

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE Director ☐ DELETE
NAME Mike Andrews
STREET ADDRESS 25 2nd Street North, Suite 215
CITY-ST-ZIP St. Petersburg, FL 33701

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE Director ☐ DELETE
NAME Michael D. Longshore
STREET ADDRESS 25 2nd Street North, Suite 215
CITY-ST-ZIP St. Petersburg, FL 33701

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Ronald Jack Sparks

4/23/96

813-8984653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)