

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000086508 (5)

1. Corporation Name

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



Principal Place of Business

25 2ND STREET NORTH
SUITE 215
ST. PETERSBURG FL 33701
US

Mailing Address

25 2ND STREET NORTH
SUITE 215
ST. PETERSBURG FL 33701-3362
US

3. Date Incorporated or Qualified
11/09/1995

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 146 2ND ST. N

Suite, Apt #, etc.

22 SUITE 310

City & State

23 ST. PETERSBURG, FL

Zip

24 33701

Country

25 USA

2a. Mailing Address

26 146 2ND ST. N

Suite, Apt #, etc.

27 SUITE 310

City & State

28 ST. PETERSBURG, FL

Zip

29 33701

Country

30 USA

4. FEI Number

59-3345619

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

LONGSHORE, MICHAEL D
25 2ND STREET NORTH
SUITE 215
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

LONGSHORE, MICHAEL D.

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

146 2ND ST. N. / SUITE 310

83

84 City

ST. PETERSBURG

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME SPARKS, RONALD J
STREET ADDRESS 25 2ND STREET NORTH, SUITE 215
CITY - ST - ZIP ST. PETERSBURG FL

☐ DELETE

TITLE D
NAME ANDREWS, MIKE
STREET ADDRESS 25 2ND STREET NORTH, SUITE 215
CITY - ST - ZIP ST. PETERSBURG FL

☐ DELETE

TITLE D
NAME LONGSHORE, MICHAEL D
STREET ADDRESS 25 2ND STREET NORTH, SUITE 215
CITY - ST - ZIP ST. PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813/895-4653
Daytime Phone #

CR2E034 (9/96)