

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

FILED
Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000099572 (5)

1. Corporation Name

DIVOT PROPERTIES WGV, INC.

Principal Place of Business

Mailing Address

201 N. FRANKLIN ST
25TH FLOOR
TAMPA FL 33602

201 N. FRANKLIN ST
25TH FLOOR
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1996

4. FEI Number

59-3446080

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 201 N. Franklin Street

26 201 N. Franklin Street

22 Suite, Apt. #, etc.
Suite 200

27 Suite, Apt. #, etc.
Suite 200

23 City & State

Tampa, Florida

28 City & State

Tampa, Florida

24 Zip

33602

Country

U.S.A

29 Zip

33602

Country

U.S.A

9. Name and Address of Current Registered Agent

ALBA, RUSS
% FOLEY & LARDNER
100 N. TAMPA ST., STE 2700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

BAGNALL, CLIFFORD

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

ZBRASSIE GOLF CORPORATION

83

201 N. FRANKLIN STREET, STE 200

84 City

TAMPA

FL

85 Zip Code

33602

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D CELLURA, JOSEPH
STREET ADDRESS
201 N. FRANKLIN ST., 25TH FLOOR
CITY-ST-ZIP
TAMPA FL 33602

TITLE ☐ DELETE

NAME
COF BAGNALL, CLIFF
STREET ADDRESS
201 N. FRANKLIN ST., 25TH FLOOR
CITY-ST-ZIP
TAMPA FL 33602

TITLE ☒ DELETE

NAME
CFO TUCKER, STEVE
STREET ADDRESS
201 N. FRANKLIN ST., 25TH FL
CITY-ST-ZIP
TAMPA FL 33602

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
CEO/D CELLURA, JOSEPH
13 STREET ADDRESS
201 N. Franklin Street, STE 200
14 CITY-ST-ZIP
Tampa, Florida 33602

21 TITLE ☒ Change ☐ Addition

22 NAME
P/D BAGNALL, CLIFF
23 STREET ADDRESS
201 N. Franklin Street, STE 200
24 CITY-ST-ZIP
Tampa, Florida 33602

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

3000002556243

-06/11/98--01015--036

***150.00

14. 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 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.

CR2E034 (10/97)