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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPAFTMENT OF STATE

Katherine Harris

Secretar / of State DIVISION OF CORPORATIONS

DOCUMENT # P97000045439 (1)

1. Corporation Name

COUNTRY CLUB SPORTS, INC.

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90142 035 \*\*\*150.00

Principal Pla	ce of Business Mailing Address								
7680 Cambridge Manor Place 12670 New Brittany Blvd.									
Suite 100 Suite 101						DO NOT IMPLE IN THE	CDACE		
	yers, FL 33907		Fort Myers, FL 33907			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  OF (21 / 1007)			
	, , , , , , , , , , , , , , , , , , , ,								
2. Principal	Place of Business	2a. Mailing Address				05/21/1997 4. FEI Number		Applied For	
21	Section 200 Sectio	7680 Cambridge Manor Place			Place			Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.						5 Additional	
22		27 Suite 400 7:2-2:3			r7	5. Certifcate of Status Desired		Required	
City & Sta	te	City & State				6. Election Campaign Financing	\$5.0	May Be	
23	<sub>28</sub> Fort Myers,			FL		Trust Fund Contribution		Added to 1 ees	
Zip	Country	Zip	Country			8. This corporation owes the current year in	tangible		
24	25	29 33907	30 US	SA		Personal Property Tax.	<b>, ⊢</b> Yes	□lNo	
	9. Name and Address of Current F	egistered Agent		,		10. Name and Address of New Registered	Agent		
			8	1 Na	ame				
ROYSTON, ROBERT D. JR.					reet Addres	s (P.O. Box Number is Not Acceptable)			
12670 NEW BRITTANY BLVD. SUITE 101				2 St					
FT. MYERS, FL 33907				3		<del></del>			
	, ,		8	4 Cit	tv —		85 Zi	p Co le	
					<u> </u>		• l l	· 	
office or	to the provisions of Sections 607.0502 a registered agent, or both, in the State of am familiar with, and accept the obligatio	Florida. Such change was ai	uthorized b	y the o	med corporation	ation submits this statement for the purpose o s board of directors. I hereby accept the appo	changing ntment as	its registered registered	
SIGNATURE									
	Signature, typed or printed name of registered agent a			ent signa	alure requir id w			7001 11 10	
12.	C FFICERS AND					ADDITIONS/CHANGES TO OFFICERS A			
TITLE	DP	☐ DELETE	1.1 TITLE		<b>S</b> àT		Chang	e 🗶 Addition	
NAME	RUSS, DAVID. A.		1.2 NAME		-				
STREET ADDRESS	11230 Marblehead Manor		1.3 STRE	1.3 STREET ADDRESS					
CITY-ST-ZIP	Pt Myora PI 33000		<b>⊣</b> —	1.4 CITY-ST-ZIP		10.000			
TITLE	YP. T					peror, VIBT Persont, steptm	Chang	e Addition	
NAME	3014 A 777 MA 4 1016			22 NAME		M A- NIORAN HITIL			
STREET ADDRESS	STREET ADDRESS: 1801-1300-131			2.3 STREET ADDRESS 113		1 BENTLEY ED #1716			
CITY-ST-ZIP	ten wight to 3330	<u></u>	2. 4 CITY	ST-ZIP	100	W MY FN, RL 33907			
TITLE	☐ DELETE		3 1 TITLE			f prefixent, coo	☐ Chang	e Addition	
NAME			3.2 NAME		D'A'	RANGE PHOLOGICAL			
STREET ADDRESS			3.3 STRE	ET ADDF	RESS 2. Z	9 ESLAMORADA BIOD.			
CITY-ST-ZIP			34 CITY	ST-ZIP	<u>   Pu</u>	MHA GIONA, IZL 339SS			
TITLE	<u> </u>	☐ DELETE	41 TITLE			BUTT URE PRINTOSMI	☐ Chang	e <b>S</b> Addition	
NAME	l l		4. 2 NAMI	4. 2 NAME		MICHAEL PATTON 032 BAL ISLE DRIVE			
STREET ADDRESS	DRES! 4		4 3 STRÉ	4.3 STREET ADDRESS		32 BAL ISLE DEIVE		,	
CITY-ST-ZIP	+		4.4 CITY	4.4 CITY-ST-ZIP		DAT MYERS, FL 33919			
TITLE		☐ DELETE	5.1 TITLE				Chang	e Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STRE		RESS				
CITY-ST-ZIP			5 4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6 1 TITLE				☐ Chang	e	
NAME			6.2 NAME					ŀ	
STREET ADDRESS			6.3 STRE	ET ADDR	RESS			1	

6.4 CITY-ST-ZIP

14. I hereby certify that the informatic supplied with his 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 acculate 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 on 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

941-931-0070