

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90051 048 ***150.00

DOCUMENT # P98000037519

1. Corporation Name

SUNCOAST RESORT HOTEL, INC.

Principal Place of Business

2200 SOUTH SHORE DR. S.E.
ST. PETERSBURG FL 33705

Mailing Address

2200 SOUTH SHORE DR. S.E.
ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1998

4. FEI Number

59-3509224

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 3000 34th ST. S

2a. Mailing Address

26 3000 34th ST. S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ST. PETERSBURG FL

City & State

28 ST. PETERSBURG FL

Zip Country

24 33711 25

Zip Country

29 33711 30

9. Name and Address of Current Registered Agent

SCHAUER, DAVID
321 22ND AVE. S.E.
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name

THOMAS W. KIPLE

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

2200 South Shore Dr. SE

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33705

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

Thomas W. Kiple

3-30-99

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

LESTER L. WOLFF

1.3 STREET ADDRESS

414 22ND AVE SE

1.4 CITY-ST-ZIP

ST. PETERSBURG FL 33705

2.1 TITLE

2.2 NAME

THOMAS W. KIPLE

2.3 STREET ADDRESS

2200 South Shore Dr SE

2.4 CITY-ST-ZIP

ST. PETERSBURG FL 33705

3.1 TITLE

3.2 NAME

T/S GLENNON J. RIFFIGNANI

3.3 STREET ADDRESS

3000 34th ST S. Suite 350

3.4 CITY-ST-ZIP

ST. PETERSBURG FL 33711

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/99

727-867-1111

CR2E034 (1/1/98)