

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
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90092 017 ***150.00

DOCUMENT # P98000063880

1. Corporation Name

TAMPA BAY RESORTS CORPORATION

Principal Place of Business
210 EAST FOWLER AVENUE
TAMPA FL 33612

Mailing Address
210 EAST FOWLER AVENUE
TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1998

4. FEI Number

59-3521901

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

GOHIL, KISHOSINH B
210 EAST FOWLER AVENUE
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

TITLE D
NAME PATEL, VICTOR C
STREET ADDRESS 720 EAST FOWLER AVENUE
CITY-ST-ZIP TAMPA FL 33612

TITLE D ☐ DELETE

NAME PATEL, DHIRU Z
STREET ADDRESS 20500 BLAIRMORE STREET
CITY-ST-ZIP CHATSWORTH CA 91311

TITLE D ☐ DELETE

NAME GOHIL, KISHORSINH B
STREET ADDRESS 773 POWDER HORN ROW
CITY-ST-ZIP LAKELAND FL 33809

TITLE D ☐ DELETE

NAME PATEL, PRAKASH V
STREET ADDRESS 8297 LOMA VISTA RD
CITY-ST-ZIP VENTURA CA 93004

TITLE D ☐ DELETE

NAME PATEL, DEEPAK V
STREET ADDRESS 10201 MASON AVENUE #123
CITY-ST-ZIP CHATSWORTH CA 91311

TITLE D ☐ DELETE

NAME PATEL, CHHOTU
STREET ADDRESS 720 EAST FOWLER AVENUE
CITY-ST-ZIP TAMPA FL 33612

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

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

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)