

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2002 8:00 am**  
**Secretary of State**

06-20-2002 90062 010 \*\*\*550.00

DOCUMENT # PA800.00 63880.

1. Entity Name

TAMPA BAY RESORTS CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

210 EAST FOWLER AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33612

Country

HILLSBOROUGH

3. Mailing Address

19117 MANDARIN GROVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33647

Country

HILLSBOROUGH

4. FEI Number

59-3521901

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GOHIL KISHORSINH B

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

210 EAST FOWLER AVE

City

TAMPA

FL

Zip Code

33612

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible...

Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PATEL VICTOR C  
19117 MANDARIN GROVE PL  
TAMPA FL 33647

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PATEL DHIRU Z  
20500 BLAIRMORE ST  
CHATELWORTH CA 91311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GOHIL KISHORSINH B  
743 POWDER HORN ROW  
LAKE LAND FL 33809

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PATEL DEEPAK V  
10201 MASON AVE #123  
CHATELWORTH CA 91311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PATEL CHHUTU  
19117 MANDARIN GROVE PL  
TAMPA FL 33647

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13. 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 report or supplemental 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 11 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

6-10-02

Daytime Phone #

813-977-9296

CR2E034B (12/01)