

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91868 012 ***150.00

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

DOCUMENT # P98000063880

1. Entity Name

TAMPA BAY RESORTS CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19117 MANDARIN GROVE PL

3. Mailing Address

19117 MANDARIN GROVE PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number 59-3521904

Applied For
Not Applicable

Zip
33647

Country

Zip
33647

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GOHIL KISHORSINH B

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

773 POWDER HORN ROW

City LAKELAND

FL

Zip Code
33809

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME TIPNIS, VICTOR C DIRECTOR
STREET ADDRESS 19117 MANDARIN GROVE PL
CITY-ST-ZIP TAMPA FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME PATEL DHIRU Z DIRECTOR
STREET ADDRESS 20500 BALIRMOORE STREET
CITY-ST-ZIP CHATSWORTH, CA 91311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME PATEL CHHOTU V DIRECTOR
STREET ADDRESS 19117 MANDARIN GROVE PL
CITY-ST-ZIP TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)