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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000074400

1. Corporation Name
DIAMOND PLAYERS CLUB LICENSING, INC.

Principal Place of Business
**1501 INDIAN ROCKS ROAD
BELLEAIR FL 33756**

Mailing Address
**1501 INDIAN ROCKS ROAD
BELLEAIR FL 33756**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1998

4. FEI Number

59-3529520

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 **200 HUNTCLUB BLVD**

Suite, Apt. #, etc.

City & State

23 **Longwood FL**

Zip Country

24 **32779**

25

2a. Mailing Address

26 **200 HUNTCLUB BLVD**

Suite, Apt. #, etc.

City & State

28 **Longwood FL**

Zip Country

29 **32779**

30

9. Name and Address of Current Registered Agent

**GRAY, D. LOCKWOOD
201 N. FRANKLIN STREET
SUITE 2100
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name **PAT O'CONNOR**
82 Street Address (P.O. Box Number is Not Acceptable)
2240 BELLEAIR Rd
83 **Suite 160**
84 City **Clearwater** FL 85 Zip Code **33764**

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

2/2/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **STOTTELMYRE, TODD V**
STREET ADDRESS **1501 INDIAN ROCKS ROAD**
CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE **D** ☐ DELETE
NAME **GAGLIARDI, GREGG**
STREET ADDRESS **1501 INDIAN ROCKS ROAD**
CITY-ST-ZIP **BELLEAIR FL 33756**

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
1.3 STREET ADDRESS **200 HUNTCLUB BLVD**
1.4 CITY-ST-ZIP **Longwood FL 32779**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **200 HUNTCLUB BLVD**
2.4 CITY-ST-ZIP **Longwood FL 32779**

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 #

GREGG GAGLIARDI 1-14-99 407-862-5113

CR2E034 (1/98)