

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

**FILED**  
**Feb 10 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # S27084 (0)**  
 1. Corporation Name  
**SILVER OAKS GOLF AND COUNTRY CLUB, INC.**



Principal Place of Business: **C/O JOHN C BIERLEY, ESO 111 E MADISON ST., STE 2400 POB 1531 TAMPA FL 33601**  
 Mailing Address: **C/O JOHN C BIERLEY, ESO 111 E MADISON ST., STE 2400 POB 1531 TAMPA FL 33601-1531**

3. Date Incorporated or Qualified: **01/24/1991**  
 3a. Date of Last Report: **07/02/1996**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**  
 2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**  
 4. FEI Number: **59-3045694** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **BIERLEY, JOHN C 111 E MADISON ST., STE 2400 P.O. BOX 1531 TAMPA FL 33601**  
 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 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DOI, KUNIO</b>                          | 1.2 NAME  |   |
| STREET ADDRESS             | <b>2-17-21 MUGINO HAKATA KU</b>            | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FUKUOKA-SHI, JAPAN</b>                  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VPD</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DOI, DUMIHIRO</b>                       | 2.2 NAME  | <b>Spelling correction:<br/>Fumihiro, not Dumihiro</b>            |
| STREET ADDRESS             | <b>38841 CLUBHOUSE DRIVE</b>               | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ZEPHYRHILLS FL</b>                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE   | 3.1 TITLE   |   |
| NAME                       | <b>BIERLEY, JOHN C.</b>                    | 3.2 NAME  |   |
| STREET ADDRESS             | <b>111 E MADISON ST. #2400</b>             | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                            | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STAGG, LINDA</b>                        | 4.2 NAME  |   |
| STREET ADDRESS             | <b>8055 ROGERS PLACE</b>                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ZEPHYRHILLS FL</b>                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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.

SIGNATURE: \_\_\_\_\_

CR2E034 (9/96)