FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -6 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V45834** (1)

1. Corporation Name

GULF COAST FIELD CLUB, INC.

Principal Place of Business	Mailing Address
7290 - 424 COLLEGE PARKWAY SUITE 424 FT. MYERS FL 33907 US	C/O BMCO 126 E. 56TH ST. 10TH FLOOR NEW YORK NY 10022 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/24/1992

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: 65-0342247 ☐ 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

GARDNER, MERRITT A.
101 E. KENNEDY BLVD.
SUITE 2700
TAMPA FL 33602

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 _____ DATE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	VAN CLIEF, MARY ANN	12 NAME	
STREET ADDRESS	7290 424 COLLEGE PARKWAY	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	
TITLE	AVP	21 TITLE	☐ Change ☐ Addition
NAME	SPANGENBERG, KRISTI	22 NAME	Remove
STREET ADDRESS	5800 GASPARILLA ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	PEREIRA, JEANETTE	32 NAME	
STREET ADDRESS	126 EAST 56 ST.	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE	AVP	41 TITLE	☐ Change ☐ Addition
NAME	HALL, VALERIE A.	42 NAME	
STREET ADDRESS	7290-424 COLLEGE PARKWAY	43 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	MCBEE, DAVID	52 NAME	Remove
STREET ADDRESS	7290-424 COLLEGE PKWY	53 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mary Ann Van Clief PRESIDENT 2-23-95 (212)644-0774

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

Mary Ann Van Clief

0394160 FP