

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000039051 (4)**

1. Corporation Name

**BRASSIE GOLF MANAGEMENT SERVICES, INC.**



Principal Place of Business

Mailing Address

12444 POWERSCOURT DRIVE  
SUITE 284  
ST. LOUIS MO 63131

12444 POWERSCOURT DRIVE  
SUITE 284  
ST. LOUIS MO 63131

3. Date Incorporated or Qualified

05/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5806 A Breckenridge Pkwy  
Suite, Apt. #, etc.

26 5806 A Breckenridge Pkwy  
Suite, Apt. #, etc.

4. FEI Number

582180666

Applied For  
Not Applicable

22 City & State  
23 Tampa, FL

27 City & State  
28 Tampa, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip  
33610

25 Country  
USA

29 Zip  
33610

30 Country  
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOBERING, GARY & WHITE, P.A.  
201 S. ORANGE AVENUE  
SUITE 760  
ORLANDO FL 32801

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 non-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	NACHT, GARY	1.2 NAME	
STREET ADDRESS	12444 POWERSCOURT DRIVE, SUITE 284	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63131	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	PD
NAME	HORNE, BILL	2.2 NAME	Horne, Bill
STREET ADDRESS	12444 POWERSCOURT DRIVE, SUITE 284	2.3 STREET ADDRESS	5806 A Breckenridge Pkwy
CITY-ST-ZIP	ST. LOUIS MO 63131	2.4 CITY-ST-ZIP	Tampa, FL 33610
TITLE	SD	3.1 TITLE	SK
NAME	KRAUMANIS, SVEN	3.2 NAME	Kraumanis, Sven
STREET ADDRESS	12444 POWERSCOURT DRIVE, SUITE 284	3.3 STREET ADDRESS	5806 A Breckenridge Pkwy
CITY-ST-ZIP	ST. LOUIS MO 63131	3.4 CITY-ST-ZIP	Tampa, FL 33610
TITLE	VD	4.1 TITLE	VD
NAME	RICHARDSON, TOM	4.2 NAME	Richardson, Tom
STREET ADDRESS	12444 POWERSCOURT DRIVE, SUITE 284	4.3 STREET ADDRESS	5806 A Breckenridge Pkwy
CITY-ST-ZIP	ST. LOUIS MO 63131	4.4 CITY-ST-ZIP	Tampa, FL 33610
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

4/30/96

Date

Daytime Phone #

CR2E034 (12/95)