FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE: _s

Mar 12, 2002 8:00 am Secretary of State DOCUMENT # L74343 1. Entity Name 03-12-2002 90027 009 ***150 00 QUAIL HOLLOW GOLF AND COUNTRY CLUB, INC. Principal Place of Business Mailing Address 6225 OLD PASCO ROAD 6225 OLD PASCO ROAD WESLEY CHAPEL FL 33544 WESLEY CHAPEL FL 33544 IJS HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3010002 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jaanna DHO, JOANNA Street Address (P.O. Box Number is Not Acceptable) 6225 OLD PASCO RD. **WESLEY CHAPEL FL 33544** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, Signat (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) **PVST** TX Change ☐ Addition TITLE Delete TITLE DHO, JOANNA NAME 622501d Pasco Road NAME 6225 OLD PASO RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF WESLEY CHAPEL FL 33544 CITY-ST-ZIP KO, EDWARD 6225 Old Pasco Rd. ☐ Change Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IF ☐ Delete TITLE (Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if