DOCUMENT # P00000007675

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FILED
Jul 10, 2001 8:00 am
Secretary of State
05-17-2001 91328 020 ***150.00

1. Entity Name

Sunstone Golf Resort Inc

Principal Place of Business	Mailing Address
5260 W. Irlo Bronson Hwy #118 Kissimmee, FL. 34746	5260 W. IRLO BRONSON HIGHWAY #118 KISSIMMEE FL 34746

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3618876 ☐ Applied For ☐ Not Applica

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, MICHAEL B ESQ 7652 ASHLEY PARK COURT SUITE 300 ORLANDO FL 32835	Name MALCOLM S WRIGHT Street Address (P.O. Box Number is Not Acceptable) 2201 SPUEY LANE City ORLANDO FL Zip Code 32837

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ 6/26/01

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May B Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WRIGHT, MALCOLM J 5260 W IRLO BRONSON HWY #118 KISSIMMEE FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WRIGHT, GILLIAN M 5260 W IRLO BRONSON HWY #118 KISSIMMEE FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A

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 changed, or on an attachment with an address, if I am a director or other like empowered.

SIGNATURE: _____ 4-26-01 407-396-9696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone Number