

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007675			
1. Entity Name SUNSTONE GOLF RESORT, INC.			
Principal Place of Business 5260 WEST IRLO BRONSON HIGHWAY SUITE 118 KISSIMMEE, FL 34746		Mailing Address 5260 WEST IRLO BRONSON HIGHWAY SUITE 118 KISSIMMEE, FL 34746	
2. Principal Place of Business 2701 SPIVEY LANE Suite, Apt. #, etc.		3. Mailing Address 2701 SPIVEY LANE Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32837		Zip 32837	
Country USA		Country USA	
4. FEI Number 59-3618876		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent WRIGHT, MALCOLM J 2701 SPIVEY LANE ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Resident		DATE 4-21-03	
FEE: NOWHERE IS \$750.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME WRIGHT, MALCOLM J STREET ADDRESS 5260 WEST IRLO BRONSON HIGHWAY CITY-ST-ZIP KISSIMMEE, FL 34746		TITLE ☐ Delete NAME 2701 SPIVEY LANE STREET ADDRESS ORLANDO FL 32837	
TITLE STD NAME WRIGHT, GILLIAN M STREET ADDRESS 5260 WEST IRLO BRONSON HIGHWAY CITY-ST-ZIP KISSIMMEE, FL 34746		TITLE ☐ Delete NAME 2701 SPIVEY LANE STREET ADDRESS ORLANDO FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  MALCOLM J. WRIGHT		DATE 4-21-03 407-421-6860	

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CR2003A (10/02)