2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2000 8:00 am Secretary of State DOCUMENT # 596930 1. Entity Name GOLF HOST DEVELOPMENT, INC. 04-28-2000 90060 016 ***150.00 Principal Place of Business Mailing Address PO BOX 1088 36750 U.S. HWY. 19 N. TARPON SPRINGS FL 34688-1088 RUUYUALO PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1871601 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change : Addition ☐ Delete TITLE President/Treasurer/birector TITLE KLEEMAN, MERRICK NAME Merrick Kleemad NAME STREET ADDRESS 591 West Putwam Ave STREET ADDRESS THREE PICKWICK PLAZA SUITE 250 CITY-ST-ZIP CITY-ST-ZIP GREENWICH CT 06830 Greenwich CT 06830 CCEO CCEO/birector Change ☐ Addition TITLE Delete Barry S. Sterolicht 591 West Putsam Ave STERNLICHT, BARRY S NAME NAME STREET ADDRESS THREE PICKWICK PLAZA SUITE 250 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **GREENWICH CT 06830** Greenioich CT 06830 **M** Change [] Addition Director/Secretary Delete TITLE GROSE, MADISON MAGISON Grose 591 West Putram Luc NAME THREE PICKWICK PLAZA SUITE 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENWICH CT 06830** Greenwich CT 06830 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR