2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2001 8:00 am Secretary of State **DOGUMENT # 596930** 1. Entity Name GOLF HOST DEVELOPMENT, INC. 04-17-2001 90133 037 ***150.00 Principal Place of Business Mailing Address PO BOX 1088 36750 U.S. HWY. 19 N. PALM HARBOR FL 34684 TARPON SPRINGS FL 34688-1088 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 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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 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, 2001 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 OFFICERS AND DIRECTORS 11. 12. PTD Addition ☐ Change TITLE Delete TITLE Jerome C. Silvey KLEEMAN, MERRICK NAME 591 West Putram tuenue STREET ADDRESS 591 WEST PUTNAM AVE STREET ADDRESS CITY-ST-ZIP **GREENWICH CT 06830** CITY-ST-ZIP Greenworch CT 06830 CCEO TITLE ☐ Change ☐ Addition ☐ Delete TITLE STERNLICHT, BARRY S NAME NAME STREET ADDRESS **591 WEST PUTNAM AVE** STREET ADDRESS CITY-ST-ZIP **GREENWICH CT 06830** CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE GROSE, MADISON NAME NAME 591 WEST PUTNAM AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **GREENWICH CT 06830** ☐ Change Addition ☐ Delete TITLE TITLE NAME 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-ZIP 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 changed, or on an attachment with an aduless, with an other like empowered.

JEROME C. Silvey

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT