

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90054 028 ***550.00

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DOCUMENT # 829764

1. Entity Name

GOLF HOST RESORTS, INC.



Principal Place of Business

**40292 US HWY 550 NORTH
DURANGO CO 81301
US**

Mailing Address

**PO BOX 3131
DURANGO CO 81302-3131
US**



2. Principal Place of Business

36750 US Hwy 19 N

3. Mailing Address

36750 US Hwy 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

4. FEI Number

84-0631130

Applied For

Not Applicable

Zip

34684

Country

USA

Zip

34684

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE **PS** ☐ Delete
NAME **KLEEMAN, MERRICK R**
STREET ADDRESS **591 W PUTNAM AVE**
CITY-ST-ZIP **GREENWICH CT 06830**

TITLE **EVP** ☒ Delete
NAME **ROSENTHAL, JEFFREY R**
STREET ADDRESS **591 W PUTNAM AVE**
CITY-ST-ZIP **GREENWICH CT 06830**

TITLE **EVP** ☐ Delete
NAME **SILVEY, JEROME C**
STREET ADDRESS **591 W PUTNAM AVE**
CITY-ST-ZIP **GREENWICH CT 06830**

TITLE **VP** ☐ Delete
NAME **WILT, KEITH**
STREET ADDRESS **36750 US HWY 19, N**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **T** ☐ Delete
NAME **WILT, KEITH**
STREET ADDRESS **36750 US HWY 19, N**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **VP** ☐ Delete
NAME **GEIMER, ROBERT**
STREET ADDRESS **320 INTERSTATE NORTH HIGHWAY SUITE 220**
CITY-ST-ZIP **ATLANTA GA 30339**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVP** ☐ Change ☒ Addition
NAME **DISHNER, JEFFREY**
STREET ADDRESS **591 W. PUTNAM AVE**
CITY-ST-ZIP **GREENWICH CT 06830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **WILT, R. KEITH**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **WILT, R. KEITH**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)