

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005326

1. Entity Name  
INTRAWEST GOLF HOLDINGS, INC.

Principal Place of Business  
2701 EAST CAMELBACK ROAD, SUITE 401  
PHOENIX AZ 85016

Mailing Address  
2701 EAST CAMELBACK ROAD, SUITE 401  
PHOENIX AZ 85016

2. Principal Place of Business  
14646 N. Kierland Blvd.  
Suite, Apt. #, etc.  
#210

3. Mailing Address  
14646 N. Kierland Blvd.  
Suite, Apt. #, etc.  
#210

City & State  
Scottsdale AZ

City & State  
Scottsdale AZ

Zip  
85254-2764

Country  
US

Zip  
85254-2764

Country  
US

4. FEI Number 86-0918167

Applied For  
Not Applicable

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.

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

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

FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD RAYMOND, GARY L 200 BURRARD STREET, SUITE 800 VANCOUVER, BC, CANADA AZ 85016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Verauros 14646 N. Kierland Blvd. #210 Scottsdale, AZ 85254-2764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CURRIE, JOHN E 200 BURRARD STREET, SUITE 800 VANCOUVER, BC, CANADA AZ 85016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400004562594--0 -08/29/01--01086--022 ****550.00 ****550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEACHER, ROSS J 200 BURRARD STREET, SUITE 800 VANCOUVER, BC, CANADA AZ 85016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KLEINKOPF, DAVID D 1050 17TH STREET, SUITE 1500 DENVER CO 80285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIPEC, JEFF J 2701 E. CAMELBACK ROAD, SUITE 401 PHOENIX AZ 85016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JD Jeff J. Stipec 14646 N. Kierland Blvd #210 Scottsdale, AZ 85254-2764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONKEN, JAMES E 2701 E. CAMELBACK ROAD, SUITE 401 PHOENIX AZ 85016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JD James E. Onken 14646 N. Kierland Blvd. #210 Scottsdale, AZ 85254-2764

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.

SIGNATURE: DAVID D. Kleinkopf 8/4/01 303 6854800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APPROVED  
AND  
FILED

01 AUG 23 AM 5:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0136963 AT

CR2E034 (5/01)

# CT CORPORATION SYSTEM

CORPORATION(S) NAME

(1) Intrawest Golf Management, Inc.

(2) Intrawest Golf Holdings, Inc.

RECEIVED  
AUG 23 PM 2:24  
DIVISION OF CORPORATION

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input type="checkbox"/> Foreign	<input checked="" type="checkbox"/> Reinstatement	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Partnership	<input checked="" type="checkbox"/> Annual Report	<input type="checkbox"/> Change of RA
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> CUS
	<input type="checkbox"/> Photocopies	
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

8/23/01

Order#: 4743922

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615