

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90030 012 ***150.00

DOCUMENT # F93000005952

1. Entity Name

KSL FLORIDA HOLDINGS, INC.

Principal Place of Business

**4400 N.W. 87TH AVENUE
 MIAMI FL 33178**

Mailing Address

**55-880 PGA BLVD
 LA QUINTA CA 92253**

2. Principal Place of Business

3. Mailing Address

50405 Avenida Bermudas

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

La Quinta, CA

Zip

Country

92253

USA

4. FEI Number

33-0591436

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

TITLE	P	<input type="checkbox"/> Delete
NAME	DALECIO, SCOTT M	
STREET ADDRESS	55-880 PGA BLVD	
CITY-ST-ZIP	LA QUINTA CA 92253	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	SHANNON, MICHAEL S	
STREET ADDRESS	55-880 PGA BLVD	
CITY-ST-ZIP	LA QUINTA CA 92253	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	LICHLITER, LARRY E	
STREET ADDRESS	55-880 PGA BLVD	
CITY-ST-ZIP	LA QUINTA CA 92253	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	RESNICK, ERIC C	
STREET ADDRESS	55-880 PGA BLVD	
CITY-ST-ZIP	LA QUINTA CA 92253	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	DYAL, NOLA S	
STREET ADDRESS	55-880 PGA BLVD	
CITY-ST-ZIP	LA QUINTA CA 92253	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LYNCH, KIMBERLY F	
STREET ADDRESS	55-880 PGA BLVD	
CITY-ST-ZIP	LA QUINTA CA 92253	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	50405 Avenida Bermudas
CITY-ST-ZIP	La Quinta, CA 92253
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	50405 Avenida Bermudas
CITY-ST-ZIP	La Quinta, CA 92253
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	50405 Avenida Bermudas
CITY-ST-ZIP	La Quinta, CA 92253
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	50405 Avenida Bermudas
CITY-ST-ZIP	La Quinta, CA 92253

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:

KIMBERLY F. LYNCH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)