2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # **F9400003936** WESTERN GOLF PROPERTIES, INC. 02-01-2000 90130 025 ***150.00 Principal Place of Business Mailing Address 7711 EAST GREENWAY ROAD 7711 EAST GREENWAY ROAD SCOTTSDALE AZ 85260-1718 00013726 SCOTTSDALE AZ 85260 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 86-0500159 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. **B&C COPRORATE SERVICES OF CENTRAL FLORIDA,** Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE., STE. 1100 ORLANDO FL 32801 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 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 OFFICERS AND DIRECTORS 12. 11. D D ☐ Addition ☐ Delete TITLE TITLE DICKEY, VERDE V NAME DICKEY, VERDE V NAME STREET ADDRESS STREET ADDRESS 4340 N. 42ND AVE. 4340 N. 42ND AVE. CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ 85019 <u>PHOENIX.</u>AZ 85019 ☐ Change Addition Delete TITLE TITLE NAME BLACK, JOE E NAME STREET ADDRESS STREET ADDRESS 7711 E. GREENWAY ROAD CITY-ST-7IP SCOTTSDALE AZ 85260 CITY-ST-ZIP . □ Addition _ · · □ Delete TITLE TITLE DICKEY, RUSSELL S DICKEY, RUSSELL S NAME NAME 4340 N. 42ND AVE. STREET ADDRESS 4340 N. 42ND AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ PHOENIX, AZ 85019 ☐ Change ☐ Addition xx Delete TITLE TITLE DICKEY, TOD V NAME NAME STREET ADDRESS STREET ADDRESS 4340 N 42 AVE CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR