FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
'02 JUN 24 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400006270144--2
-07/09/02--01021--013
****550.00 ****550.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # F95000004539

1. Entity Name

INTEGRA RESORT MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6210 N. Kings Hgwy	6210 N. Kings Hgwy.
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Alexandra, VA	City & State: Alexandra, VA
Zip: 22303 Country: USA	Zip: 22030 Country: USA

4. FEI Number: 752-61-1784 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Dorschel, Gary

Street Address (P.O. Box Number is Not Acceptable): Holiday Inn 4949 Gulf of Mexico Drive

City: Longboat Key FL Zip Code: 34228

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, type 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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	C/CEO
NAME	Evans, Eric P.
STREET ADDRESS	6210 N. Kings Hgwy, Ste. 100
CITY-ST-ZIP	Alexandra, VA 22303
TITLE	D/P
NAME	Mason, Kenneth F.
STREET ADDRESS	6210 N. Kings Hgwy, Ste. 100
CITY-ST-ZIP	Alexandra, VA 22303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E034B (12/01)

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth F. Mason 6/20/02 703-768-3300
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR AGENT — Date — Daytime Phone #

Kenneth F. Mason, President