

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90053 035 \*\*\*150.00

DOCUMENT # F96000002842

1. Entity Name

PREFERRED RESORT MAIN GATE, INC.

Principal Place of Business

6900 E 2ND ST  
 SCOTTSDALE AZ 85251

Mailing Address

6900 E 2ND ST  
 SCOTTSDALE AZ 85251

2. Principal Place of Business

209 Phipps Plaza  
 Suite, Apt. #, etc.

3. Mailing Address

209 Phipps Plaza  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Beach, FL

City & State

Palm Beach, FL

4. FEI Number

93-1209220

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

33480

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.

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, 2001 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          | DP                  | <input checked="" type="checkbox"/> Delete |
| NAME           | GROGAN, JAMES       |  |
| STREET ADDRESS | 6900 E. 2ND ST.     |  |
| CITY-ST-ZIP    | SCOTTSDALE AZ 85251 |  |
| TITLE          | V                   | <input checked="" type="checkbox"/> Delete |
| NAME           | TOUBMAN, ROBERT     |  |
| STREET ADDRESS | 6900 E. 2ND ST.     |  |
| CITY-ST-ZIP    | SCOTTSDALE AZ 85251 |  |
| TITLE          | V                   | <input checked="" type="checkbox"/> Delete |
| NAME           | KIRSCH, RANDALL     |  |
| STREET ADDRESS | 6900 E. 2ND ST.     |  |
| CITY-ST-ZIP    | SCOTTSDALE AZ 85251 |  |
| TITLE          | ST                  | <input type="checkbox"/> Delete            |
| NAME           | SHREEVE, DAVID      |  |
| STREET ADDRESS | 6900 E 2ND ST       |  |
| CITY-ST-ZIP    | SCOTTSDALE AZ 85251 |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | President, Director  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | A. David Kosoy       |  |
| STREET ADDRESS | 209 Phipps Plaza     |  |
| CITY-ST-ZIP    | Palm Beach, FL 33480 |  |
| TITLE          | Vice President       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Brian Kosoy          |  |
| STREET ADDRESS | 209 Phipps Plaza     |  |
| CITY-ST-ZIP    | Palm Beach, FL 33480 |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          | Secretary, Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | David J. Shreeve     |  |
| STREET ADDRESS | 209 Phipps Plaza     |  |
| CITY-ST-ZIP    | Palm Beach, FL 33480 |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

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 J. Shreeve S/T David J. Shreeve 2/28/01 (561)835-1810  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)