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ATLANTA GA 3009       ATLANTA GA 30091851         2. Pindipal Place of Business       3. Mailing Address         Sure, Apt. #. etc.       Sure, Apt. #. etc.         City & State       City & State         City & State       Country         C T CORPORATION SYSTEM       Name         The above named entry submits this statement for the purpose of changing its registered affice or registered agent, or both. In the State of Florida.         SIGMATURE       State Actives of Operation agent, or both. In the State of Florida.         Signet Actives of the purpose of changing its registered Actives of the maintight       Dris         The above named entry submits this statement for the purpose of changing its registered agent, or both. In the State of Florida.         Signet Actives of the purpose of changing its registered Activery maker we we maintight       Dris </th <th colspan="4">Principal Place of Business Mailing Address</th> <th></th> <th>04-25-2000</th> <th>90024 009 13</th> <th>0.00</th>	Principal Place of Business Mailing Address					04-25-2000	90024 009 13	0.00
Principal Place of Business     Suite, April, 4, etc.     Suite,				Guite 520				
City & State       City & State       4. FEI Number       T5-2669199       Applet P         Zip       Country       S. Certificate of Status Desired       S5. 25.5 Additional         6. Name and Address of Cutrient Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         C T CORPORTION SYSTEM       1200 SOUTH PNE: (SLAND ROAD       Street Address (P.D. Box Number Is Not Acceptable)         1200 SOUTH PNE: (SLAND ROAD       Street Address (P.D. Box Number Is Not Acceptable)         PLANTATION FL 33324       City       FL         0       The doore named endity submits this statement for the purpose of changing its registered agent, or both, in the State of Florda.         SIGMTURE       Street Address (P.D. Box Number Is Not Acceptable)         City       FLE       Zip Code         Signature operation is eligible to satisfy its Intangble       Atter MAT 1, 2000 Fee will be \$\$50.00       Mate Check Paylol to Department of State         Signature operation is eligible to satisfy its Intangble       Atter MAT 1, 2000 Fee will be \$\$50.00       Mate Check Paylol to Department of State       Met         Signature operation is eligible to satisfy its Intangble       FLE NOWI!!! FEE IS \$18.00       The Fuer Address TO OFFICERS AND DIFECTORS       12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11         Mate Cock Paylor Durits Offician Mate Street Address Street Address <td< td=""><td>2. Principal P</td><td>lace of Business</td><td colspan="3" rowspan="2"></td><td colspan="3" rowspan="2"></td></td<>	2. Principal P	lace of Business						
Control     Country     Zip     Country     Zip     Country     Sector     Sector     Sector     Sector       2ip     Country     Zip     Country     S. Certificato of Status Desired     Set 75 Additional       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       C 1 CORPORATION SYSTEM too SOUTH PINE ISLAND ROAD PLANTATION FL SIGAN ROAD PLANTATION FL SIGAN ROAD PLANTATION FL SIGAN ROAD     Streat Address (P.O. Box Number is Not Acceptable)       C 10     City     FL     Zip Code       8. The above named entry submits this statement for the purpose of changing is registered agent, or both, in the State of Florida.     Other State       SIGNATURE     The above named entry submits in trangible Tax fling requirement and electis to do so.     Mate Check Payable to Department of State     10. Election Campage Financing Tust Func Controls/ICHANGES TO OFFICERS AND DIRECTORS IN 11       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     Chasge       11.     OFFICERS AND DIRECTORS     11.     Chasge     Name       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHAN	Suite, Apt.	#, etc.						
C CT CORPORATION SYSTEM     C C CORPORATION SYSTEM     1200 SOUTH PINE (SLAN DRADA     PLANTATION FL 3324     City     City     FL     Zip Code     City     Strant Accrease (FC) Box Number is Not Acceptable)     City     FL     Zip Code     City     FL     Zip Code     City     FL     Zip Code     City     Strant Accrease (FC) Box Number is Not Acceptable)     City     FL     Zip Code     Strant Accrease (FC) Box Number is Not Acceptable)     City     FL     Zip Code     Strant Accrease (FC) Box Number is Not Acceptable)     City     FL     Zip Code     Strant Accrease (FC) Box Number is Not Acceptable)     Strant Accesses (FC) Box Number is Not Acceptable is Department of State     Strant Accesses (FC) Box Number is Not Acceptable is Department of State     Strant Accesses (FC) Box Number is Not Acceptable is Department of State     Strant Accesses (FC) Box Number is Not Acceptable is Department of State     Strant Accesses (FC) Box Number is Not Acceptable is Not Acceptable	City & State		City & State			4. FEI Number 75-2669199		Applied For Not Applicable
C T CORPORATION SYSTEM 1200 SOUTH PINE (SLAND ROAD PLANTATION FL 33324     Name       Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       City     FL     Zip Code       B. The above named ently submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.     Street Address (P.O. Box Number is Not Acceptable)       SIGNATURE     Equalsr. Yosh or pured rules affinged agent and the disposable.     OCTE Registered agent, or both, in the State of Florida.       SIGNATURE     Equalsr. Yosh or pured rules affinged agent and the disposable.     OCTE Registered agent advised afford agent.     DATE       9. This corporation is eligible to satisfy its Intangible Tax fling requirement and eligible to do so (See criteria on back).     Make Check Psystel to Department of State     10. Election Campaign Financing Trust Fund Contribution.     \$5.00 May Added to Fine Added to Fine Change       11.     OFFICERS AND DIRECTORS IN 11 Tits     C     Its CopeRist State     Change I A Make CASSILS, JOHN 6     Change I A Make CASSILS, JOHN 6     Change I A Make Sifet Addess 6     Change I A M	Zip	Country	Zip	Country	5.	Certificate of Status Desired		
C T CORPORATION SYSTEM 1200 SOUTH PIKE ISLAND ROAD PLANTATION FL ISLAND PLANTATIO	i	6. Name and Address of Current Re	egistered Agent		7.	Name and Address of New F	legistered Agent	
1200 SOUTH PINE ISLAND ROAD         PLANTATION FL 33324         City       FL       Zip Code         0:iv       FL       Zip Code         8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florda.         SIGNATURE       Signature topost ones of inspirature agent and tied approach.       DOTE. Registered Agent agents when instrates;)       DME         9. This corporation is eligible to satisfy its intangible (See criteria on back)       After MAY 1, 2000 Fee will be 5550.00 Make Chack Persoble to Department of State       10. Election Campaign Financing Added to Fee (See Calling requirement and elects to do so.)       After MAY 1, 2000 Fee will be 5550.00 Make Chack Persoble to Department of State         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND OFFICERS AN					<u>``````</u> ``			
City         FL         Zip Code           8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida.         State of Florida.           SIGNATURE         Expression	1200 SOUTH PINE ISLAND ROAD			Street /	ddress (P.O. E	Box Number is Not Acceptable	e) 	
A The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE      Submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE      Submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE      Submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE      Submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE      Submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE      Submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE      Submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE      Submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE      Submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE      Content on back of the change of the agent and the registered agent, or both, in the State of Florida.  Intel C CASSILS, JOHN G      Submits this statement for the purpose of the agent agent agent, and the state of the agent, and the state of the agent agent, and the state of the agent agent, and the state of the agent agent, and the state of the agent, and the state of the state of the agent, and the state of the agent, and the state of the agent, and the state of the stat	PLAN	ITATION FL 33324						
SIGNATURE         Equilibrium         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, 2000 Fee will be \$550.00 Make Check Payable to Department of State         10. Election Campaign Financing Tust Fund Contribution.         \$55.00 May Added to Fee           11.         OFFICERS AND DIRECTORS         12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           This corporation is eligible to Back)         OFFICERS AND DIRECTORS         12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           The         C         ITLE         Change         IA           MAKE         CASSILS, JOHN G         STRET ADDRESS         Change         IA           VANCOLVER BC, CANADA V8B 4N7         ITLE         Change         IA           VORS         IDERT ADDRESS         CITY-ST-ZP         Change         IA           VANCOUVER BC, CANADA V6B 4N7         IDERT ADDRESS         CITY-ST-ZP         Change         IA           VANCOUVER BC, CANADA V6B 4N7         IDERT ADDRESS         CITY-ST-ZP         Change         IA           MAK         MACKAY, JOHN DL         STRET ADDRESS         CITY-ST-ZP         Change         IA           MAK         MAK         STRET ADDRESS         CITY-ST-ZP				City			FL Zip Co	de
Inr.E C C CASSILS, JOHN G CASSILS, JOHN G CANADA V6B 4N7 CITY-ST-2P VANCOUVER BC, CANADA V6B 4N7 CITY-ST-2P VANCOUVER BC, CANADA V6B 4N7 CITY-ST-2P CANADA V6B 4N7 CITY-ST-2P CANADA V6B 4N7 CITY-ST-2P CITY-ST-2P CANADA V6B 4N7 CITY-ST-2P CITY-	Tax filing r	requirement and elects to do so.	After MAY 1, 20 Make Check Paya	000 Fee will be \$ ble to Department	550.00 t of State	Trust Fund Contributio	n. 🗆 Adde	ed to Fees
Image: CASSILS, JOHN G       Image: CASSILS, JOHN G         Street ADDRESS       650 W. GEORGIA ST, SUITE 2160         CITY-ST-2P       Image: CANADA V6B 4N7         TITLE       VCVS         JOHNSTON, JAMES A       Image: CANADA V6B 4N7         Street ADDRESS       Image: CANADA V6B 4N7         TITLE       VCVS         JOHNSTON, JAMES A       Image: CANADA V6B 4N7         Street ADDRESS       Image: CANADA V6B 4N7         TITLE       PD         VANCOUVER BC, CANADA V6B 4N7       Image: CANADA V6B 4N7         TITLE       PD         NAME       Street ADDRESS         GOTY-ST-2P       VANCOUVER BC, CANADA V6B 4N7         TITLE       PD         NAME       Street ADDRESS         GOTY-ST-2P       Image: CANADA V6B 4N7         TITLE       PD         NAME       Street ADDRESS         GOTY-ST-2P       Image: CANADA V6B 4N7         TITLE       AS         NAME       Street ADDRESS         GOTY-ST-2P       Image: CANADA V6B 4N7         TITLE       AS         NAME       Street ADDRESS         GOTY-ST-2P       Image: CANADA V6B 4N7         TITLE       AS         NAME </th <th></th> <th></th> <th></th> <th></th> <th></th> <th>DDITIONS/CHANGES TO OFF</th> <th></th> <th></th>						DDITIONS/CHANGES TO OFF		
TITLE       VCVS       Delete       TITLE       Change       An         NAME       JOHNSTON, JAMES A       NAME       NAME       Street ADDRESS       G50 W. GEORGIA ST, SUITE 2160       STREET ADDRESS         CITY-ST-2IP       VANCOUVER BC, CANADA V6B 4N7       TITLE       Change       An         NAME       MACKAY, JOHN D.L.       STREET ADDRESS       CITY-ST-2IP       Change       An         STREET ADDRESS       650 W. GEORGIA ST, SUITE 2160       STREET ADDRESS       CITY-ST-2IP       Change       An         VANCOUVER BC, CANADA V6B 4N7       Otelete       NAME       STREET ADDRESS       City-ST-2IP       Change       An         STREET ADDRESS       650 W. GEORGIA ST, SUITE 2160       STREET ADDRESS       City-ST-2IP       Change       An         NAME       SALECTARDERSS       STREET ADDRESS       City-ST-2IP       Change       An         NAME       110 PECACHTREE ST NE, SUITE 520       STREET ADDRESS       City-ST-2IP       Change       An         NAME       SAUNDERS, ROD G.       STREET ADDRESS       City-ST-2IP       Change       An         NAME       SAUNDERS, ROD G.       STREET ADDRESS       City-ST-2IP       Change       An         NAME       SAUNDERS, ROD G.       STREET ADDRESS	NAME STREET ADDRESS	CASSILS, JOHN G 650 W. GEORGIA ST, SUITE 2160		NAME STREET ADDRESS				
CITY-ST-ZIP       VANCOUVER BC, CANADA V6B 4N7       CITY-ST-ZIP         TITLE       PD       Delete       TITLE         NAME       MACKAY, JOHN D.L.       STREET ADDRESS         650 W. GEORGIA ST, SUITE 2160       STREET ADDRESS         CITY-ST-ZIP       VANCOUVER BC, CANADA V6B 4N7         VANCOUVER BC, CANADA V6B 4N7       CITY-ST-ZIP         TTHLE       AS         NAME       THOMAS, SAM E         STREET ADDRESS       CITY-ST-ZIP         ITTLE       ATLANTA GA 30309         CITY-ST-ZIP       Delete         TITLE       VP         NAME       Delete         STREET ADDRESS       G50 W GEORGIA ST STE 2160         CITY-ST-ZIP       VANCOUVER BC CA V6B 4         TITLE       Delete         NAME       STREET ADDRESS         GTY-ST-ZIP       Change         ANAME       STREET ADDRESS         GTY-ST-ZIP       Delete         TITLE       Delete         NAME       STREET ADDRESS         GTY-ST-ZIP       CITY-ST-ZIP <td>NAME</td> <td>VCVS JOHNSTON, JAMES A</td> <td></td> <td>NAME</td> <td></td> <td></td> <td>Change</td> <td>Addition</td>	NAME	VCVS JOHNSTON, JAMES A		NAME			Change	Addition
Inte       Maximum bit in the information of the provise stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elected Statutes L further certify that the information stated in Section 110 07/3(0). Elec		VANCOUVER BC, CANADA V6B 41						Addition
THLE       AS       Change       Av         NAME       THOMAS, SAM E       STREET ADDRESS       STREET ADDRESS         1819 PEACHTREE ST NE, SUITE 520       STREET ADDRESS         CITY-ST-ZIP       ATLANTA GA 30309       CITY-ST-ZIP         TITLE       VP       Delete       TITLE         NAME       SAUNDERS, ROD G.       TITLE       Change       Av         STREET ADDRESS       650 W GEORGIA ST STE 2160       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         TITLE       VANCOUVER BC CA V6B 4       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         STREET ADDRESS       GITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       Av         NAME       STREET ADDRESS       GITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       Av         NAME       STREET ADDRESS       GITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       Av         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       Change       Av         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       Change       Av         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       Change       Av	NAME STREET ADDRESS	MACKAY, JOHN D.L. 650 W. GEORGIA ST, SUITE 2160		NAME STREET ADDRESS				
CITY-ST-ZIP       ATLANTA GA 30309       CITY-ST-ZIP         TITLE       VP       Delete       TITLE         NAME       SAUNDERS, ROD G.       NAME         STREET ADDRESS       650 W GEORGIA ST STE 2160       STREET ADDRESS         CITY-ST-ZIP       VANCOUVER BC CA V6B 4       CITY-ST-ZIP         TITLE       Delete       TITLE         NAME       Delete       TITLE         STREET ADDRESS       CITY-ST-ZIP         VANCOUVER BC CA V6B 4       CITY-ST-ZIP         TITLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       CHTY-ST-ZIP	NAME	AS THOMAS, SAM E	Delete	NAME			Change	Addition
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TITLE     Delete     TITLE     Change     Average       NAME     NAME     NAME       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP	Name Street address	Saunders, Rod G. 650 W Georgia St Ste 2160		NAME STREET ADDRESS				
10. Use the partie that the information granting granting does not gualify for the examption stated in Section 119.07/3/(i). Eloride Statutes, I further certify that the information	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS			Change	Addition
changed, or on an attachment with an address with all other like empowered.	40 Libraria	I certify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empore , or on an attachment with an address with	his filing does not qualify for up and accurate and that ered to execute this report in all other like empowered	the exemption et	ted in Section have the same apter 607, Flor	119.07(3)(i), Florida Statutes. legal effect as if made under ida Statutes; and that my nam	I further certify that the oath; that I am an office e appears in Block 11 (	information er or director or Block 12 if