

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005828

1. Entity Name

GRANITE GOLF MANAGEMENT, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90100 006 ***550.00

Principal Place of Business

7025 E GREENWAY PKWY
SUITE 800
SCOTTSDALE AZ 85254
US

Mailing Address

7025 E GREENWAY PKWY
SUITE 800
SCOTTSDALE AZ 85254
US

2. Principal Place of Business

8505 E. Hartford Dr.

Suite, Apt. #, etc.

#113

City & State
Scottsdale AZ

Zip

85255

Country

USA

3. Mailing Address

8505 E. Hartford Dr.

Suite, Apt. #, etc.

#113

City & State
Scottsdale AZ

Zip

85255

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0835280

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~WHITE, DOUGLAS~~ Phillip Keidash
505 HUMPHRIES RD N 505 Wekiva Springs Rd
SAFETY HARBOR FL 34895 Suite 800
Longwood FL 32719

7. Name and Address of New Registered Agent

Name Phillip Keidash
Street Address (P.O. Box Number is Not Acceptable)
505 Wekiva Springs Rd
City Longwood FL Zip Code 32719

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

8/28/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	VTD LEWIS, ELLIOT 7025 E GREENWAY PKWY, STE 800 SCOTTSDALE AZ 85254	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD EDWARDS, T. MARNEY 7025 E GREENWAY PKWY, STE 800 SCOTTSDALE AZ 85254	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	8505 E. Hartford Dr. #113 Scottsdale AZ 85255	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/15/00

(480) 824-6000

CR2E034 (5/00)