

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90043 029 ***150.00

DOCUMENT # F98000000987			
1. Entity Name SINCLAIR RESORTS & HOTELS MANAGEMENT, INC.			
Principal Place of Business 512 MAIN ST. SUITE 1011 FT WORTH TX 76102		Mailing Address 512 MAIN ST. SUITE 1011 FT WORTH TX 76102	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
	PD	REITZ, PAUL A	
		512 MAIN ST., STE 1011	
		FORT WORTH TX 76102	
		<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
	VD	SZAFRANSKI, MARK S	
		512 MAIN ST., STE 1011	
		FORT WORTH TX 76102	
		<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
	STD	YOUNG JR, DAVID E	
		512 MAIN ST., STE 1011	
		FORT WORTH TX 76102	
		<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	
		<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: <i>David E Young, Jr.</i>		DAVID E Young, Jr. Date 1-8-01 Daytime Phone # 817-332-6400	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)