## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 23, 2001 8:00 am Secretary of State DOCUMENT# F98000001256 1. Er .../ • ne ... MEDITRUST GOLF GROUP, INC. 04-23-2001 90046 045 \*\*\*150.00 Mailing Address Principal Place of Business 3030 LBJ FREEWAY PO BOX 819087 DALLAS TX 75381 1140 DALLAS TX 75234 HS US 2. Principal Place of Business . 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 95-4391248 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD \_\_\_\_\_Change ☐ Addition TITLE TITI F Delete Benson, David F NAME EDWARD SAUSE NAME 197 F!RST AVE. STE #300 STREET ADDRESS 3030 LBT FRWY. STREET ADDRESS CITY-ST-ZIP DALLAS, TX. 75234 NEEDHAM HTS MA 02494 CITY-ST-ZIP ☐ Addition Delete MGR. TITLE BENJAMIN, MICHAEL S NAME TAMES NAME 197 FIRST AVE. STE #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P NEEDHAM HTS MA 02494 CFO Change ☐ Addition TITLE TITLE 🔽 Delete GERBER, LAURIE T NAME NAME 197 FIRST AVE, STE #300 STREET ADDRESS LBJ STREET ADDRESS 3030 CITY-ST-7IP **NEEDHAM HTS MA 02494** CITY-ST-ZIP ☐ Addition TITLE TITLE DENERUTTU, JOHN G NAME NAME 197 FIRST AVE, STE #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEEDHAM HTS MA 02494 CITY-ST-ZIP COO Change ☐ Addition TITLE TITLE BUSHEE, MICHAEL F NAME NAME 197 FIRST AVE, STE #300 STREET ADDRESS STREET ADDRESS NEEDHAM HTS MA 02494 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NENGLEE (HOMA) RINTED NAME OF SIGNING OFFICER OR DIRECTOR