2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am Secretary of State DOCUMENT # F98000001296 1. Entity Name 03-13-2002 90108 048 ***150.00 BULL RUN COUNTRY, CLUB, INC. Principal Place of Business Mailing Address 929 E. 23RD 929 E. 23RD INDIANAPOLIS IN 46205 INDIANAPOLIS IN 46205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 35-2034283 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAVIGAN, PATRICK Street Address (P.O. Box Number is Not Acceptable) 2106 PACIFIC ROAD KISSIMMEE FL 34759 City 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 (3.1) Tax filling requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GAVIGAN, PATRICK NAME STREET ADDRESS 2106 PACIFIC ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34759 ☐ Delete ☐ Addition D۷ NAME RAMEY, STEVE STREET ADDRESS STREET ADDRESS 167 E. STOP 13 ROAD CITY-ST-ZIP INDIANAPOLIS IN 46227 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition TSD NAME SMITHEY, JAY D NAME" STREET ADDRESS 7244 TRAVIS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENWOOD IN 46143** ☐ Delete ☐ Change ☐ Addition NAME NAME CROMLICH, TED W STREET ADDRESS 1201 CARSON WAY #242 STREET ADDRESS CITY-ST-ZIP **GREENWOOD IN 46142** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME. UEBELHOR, ROBERT N STREET ADDRESS STREET ADDRESS 7920 RAHKE ROAD CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN 46217 ☐ Addition ☐ Change TIT! F □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #