

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002353

1. Entity Name  
MEDITRUST GOLF GROUP II, INC.

**FILED**  
**Sep 19, 2000 8:00 am**  
**Secretary of State**

09-19-2000 90145 023 \*\*\*550.00

Principal Place of Business  
197 FIRST AVE  
SUITE 300  
NEEDHAM HEIGHTS MA 02494

Mailing Address  
197 FIRST AVE  
SUITE 300  
NEEDHAM HEIGHTS MA 02494

C0101028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3030 LBJ Fwy.

Suite, Apt. #, etc.  
#1140

City & State  
DALLAS, TX

Zip  
75234

Country

3. Mailing Address  
P.O. Box 819087

Suite, Apt. #, etc.

City & State  
DALLAS, TX

Zip  
75381

Country

4. FEI Number 04-3417498

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

## 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  
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 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	DPT BENSON, DAVID F 197 FIRST AVE., STE 300 BOXFORD MA 02494	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BUSHEE, MICHAEL F 197 FIRST AVE., STE 300 BOXFORD MA 02494	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BENJAMIN, MICHAEL S 197 FIRST AVE., STE 300 BOXFORD MA 02494	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GERBER, LAURIE T 197 FIRST AVE., STE 300 BOXFORD MA 02494	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DEMERRITT, JOHN G 197 FIRST AVE., STE 300 BOXFORD MA 02494	<input checked="" 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	P. EDWARD SAUSE 3030 LBJ Fwy. DALLAS, TX. 75234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.Y.P. MARY COWSER 3030 LBJ Fwy. DALLAS, TX. 75234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. THOMAS WENSLEE 3030 LBJ Fwy. DALLAS, TX. 75234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. JAMES WICKLEY 3030 LBJ Fwy. DALLAS, TX. 75234	<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

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:

*THOMAS WENSLEE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 8/15/00 Daytime Phone # 972-243-6191

CR2E034 (5/00)