

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005622

1. Entity Name

KSL FLORIDA DEVELOPMENT CORPORATION

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90156 032 \*\*\*150.00

Principal Place of Business

Mailing Address

56-140 PGA BLVD.  
LA QUINTA CA 92253

56-140 PGA BLVD.  
LA QUINTA CA 92253-4600

2. Principal Place of Business

3. Mailing Address

55-880 PGA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

La Quinta, CA

Zip

Country

Zip

Country

92253

USA

4. FEI Number

33-0824227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVAT ☐ Delete  
NAME SHANNON, MICHAEL S  
STREET ADDRESS 56-140 PGA BLVD.  
CITY-ST-ZIP LA QUINTA CA 92253

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LICHITER, LARRY E  
STREET ADDRESS 56-140 PGA BLVD.  
CITY-ST-ZIP LA QUINTA CA 92253

TITLE VICE President + Director ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME PAIGE, JOEL  
STREET ADDRESS 4400 NW 87TH AVE.  
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VCFO ☐ Delete  
NAME SAER, JOHN K JR.  
STREET ADDRESS 56-140 PGA BLVD.  
CITY-ST-ZIP LA QUINTA CA 92253

TITLE VCFOT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☐ Delete  
NAME DYAL, NOLA S  
STREET ADDRESS 56-140 PGA BLVD.  
CITY-ST-ZIP LA QUINTA CA 92253

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME ELLIOTT, STEVEN F  
STREET ADDRESS 56-140 PGA BLVD.  
CITY-ST-ZIP LA QUINTA CA 92253

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Vice President

Date

Daytime Phone #

4/28/00 (760) 564-8000

CR2E034 (9/99)