

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J36280

1. Entity Name

ENCLAVE RESORT, INC.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90010 014 \*\*\*150.00

Principal Place of Business	Mailing Address
3710 RAWLINS SUITE 1500 DALLAS TX 75219 US	3710 RAWLINS SUITE 1500 DALLAS TX 75219-4282 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6210 N. Kings Hwy Suite, Apt. #, etc. SUITE 100 City & State ALEXANDRIA, VA Zip 22303 Country USA	6210 N. Kings Hwy Suite, Apt. #, etc. Suite 100 City & State ALEXANDRIA, VA Zip 22303 Country USA

4. FEI Number	59-2767173	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$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 \_\_\_\_\_ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DC NAME DROSTE, EDWARD C. STREET ADDRESS 1700 MCMULLEN BTH RD B-5 CITY-ST-ZIP CLEARWATER FL	TITLE	DP NAME MASON, Kenneth STREET ADDRESS 6210 N. Kings Hwy CITY-ST-ZIP ALEXANDRIA, VA. 22303
TITLE	DP NAME HOWIE, BRENTON STREET ADDRESS 1700 MCMULLEN BTH RD B-5 CITY-ST-ZIP CLEARWATER FL	TITLE	DC NAME EVANS, ERIC P. STREET ADDRESS 6210 N. Kings Hwy CITY-ST-ZIP ALEXANDRIA, VA 22303
TITLE	DVP NAME BAILEY, ELLEN STREET ADDRESS 1700 MCMULLEN BTH RD B-5 CITY-ST-ZIP CLEARWATER FL	TITLE	ST NAME DORSCHE, Gary STREET ADDRESS 6210 N. Kings Hwy CITY-ST-ZIP ALEXANDRIA, VA 22303
TITLE	VPS NAME DOBSON, M. SUE STREET ADDRESS 1700 MCMULLEN BTH RD B-5 CITY-ST-ZIP CLEARWATER FL	TITLE	MC NAME Cray, Lou STREET ADDRESS 6210 N. Kings Hwy CITY-ST-ZIP ALEXANDRIA, VA 22303
TITLE		TITLE	
TITLE		TITLE	

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: Kenneth Mason 4/20/00 703-768-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #