2001, UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # K12227** 1. Entity Name *CCA GOLF CENTER-CLEARWATER, INC. 4-23-2001 90183 004 ***150.00 Principal Place of Business Mailing Address 3030 LBJ FREEWAY 3030 LBJ FREEWAY DALLAS TX 75234 DALLAS TX 75234 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. 4. FEI Number Applied For City & State City & State 75-2237720 Not Applicable Country \$8.75 Additional Zip Country П 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 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. KEVIN POWER -Delete Addition TITLE TITLE NAME LUPTON, JACK NAME STREET ADDRESS STREET ADDRESS 3030 LBJ FREEWAY #700 CITY-ST-ZIP CITY-ST-ZIE DALLAS TX 75234 🖆 Delete TITLE TITLE Jahnke, Jeffrey NAME NAME STREET ADDRESS STREET ADDRESS 3030 LBJ FRWY, STE 700 CITY-ST-7IP DALLAS TX CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE HENSLEE, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 3030 LBJ FREEWAY #700 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01 973-243-619

CR2E034 (10/00)