## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am Secretary of State DOCUMENT # K12227 Entity Name 1 05-28-2002 91777 020 \*\*\*150.00 CCA GOLF CENTER-CLEARWATER, INC. Principal Place of Business Mailing Address BATTAAT 3030 LBJ FREEWAY 3030 LBJ FREEWAY DALLAS TX 75234 DALLAS TX 75234 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE TAX VERT. Applied For 4. FEI Number City & State 75-2237720 Not Applicable Zip Zip Country \$8.75 Additional Country 5. 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 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME POWER, KEVIN STREET ADDRESS STREET ADDRESS 3030 LBJ FREEWAY #700 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 ☐ Change ☐ Addition TITLE TITLE ☐ Delete **VP** NAME NAME TRIDOLI, TOM STREET ADDRESS STREET ADDRESS 3030 LBJ FRWY, STE 700 CITY-ST-ZIP Change Addition ~ □ Delète TITLE TITLE NAME NAME HENSLEE, THOMAS STREET ADDRESS STREET ADDRESS 3030 LBJ FREEWAY #700 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath; 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

**FILED**