

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L96733****1. Entity Name**  
**SUNTAI, INC.****FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90036 014 \*\*\*150.00

**Principal Place of Business****QUAIL RIDGE GOLF & C.C.**  
**12830 SHADY HILLS ROAD**  
**SPRING HILL FL 34610**  
**US****Mailing Address****QUAIL RIDGE GOLF & C.C.**  
**12830 SHADY HILLS ROAD**  
**SPRING HILL FL 34610**  
**US****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **59-3028590**

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****MEHRDAD, DARVISH**  
**12830 SHADY HILLS ROAD**  
**SPRING HILL FL 34610**

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

*Mehrdad Darvish**3-21-01*

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, 2001 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	V	<input type="checkbox"/> Delete
NAME	MARLOWE, MICHAEL L	
STREET ADDRESS	1031 W MORSE BLVD #105	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SOHEILY, MICHAEL, B (DR)	
STREET ADDRESS	GERTRUDSTRASSE 48	
CITY-ST-ZIP	ZURICH, SWITZERLAND	
TITLE	S	<input type="checkbox"/> Delete
NAME	DARVISH, MEHROD	
STREET ADDRESS	12830 SHADY HILLS ROAD	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)