2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2002 8:00 am § Secretary of State DOCUMENT # P93000043875 1. Entity Name 05-20-2002 90306 013 ***150.00 PRE 5-18-01 OPERATOR OF ORANGE PARK COUNTRY CLUB . INC. Principal Place of Business Mailing Address 3030 LBJ FREEWAY 3030 LBJ FREEWAY 430239 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 City & State City & State Applied For 4. FEI Number 75-2489653 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE __ Change ☐ Addition NAME NAME HOWE, DOUGLAS STREET ADDRESS STREET ADDRESS 3030 LBJ FREEWAY #700 CITY-ST-7IP CITY-ST-ZIP DALLAS TX 75234 TITLE ☐ Delete TITLE Change noitibba 🔲 NAME NAME HENSLEE, THOMAS STREET ADDRESS STREET ADDRESS 3030 LBJ FREEWAY #700 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 ☐ Delete Change ☐ Addition TITLE NAME NAME LONGMIRE, JEFF STREET ADDRESS STREET ADDRESS 3030 LBJ PKWY CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75234 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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/eport 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 trusted and or provided execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the receiver or truster changed, or on an attachment with an ax

LONGMIRE 1-15-02 972:243-619