

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000090970**

1. Entity Name

**AVATAR RESORT GROUP, INC.****FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90232 044 \*\*\*158.75

0163697

Principal Place of Business

**201 ALHAMBRA CIRCLE  
12TH FL  
CORAL GABLES FL 33134**

Mailing Address

**201 ALHAMBRA CIRCLE  
12TH FL  
CORAL GABLES FL 33134**

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 **65-0560406**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fees Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****KERRIGAN, JUANITA I  
201 ALHAMBRA CIRCLE  
12TH FL  
CORAL GABLES FL 33134****7. Name and Address of New Registered Agent**

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

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**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**VD  
GETMAN, DENNIS J  
201 ALHAMBRA CIRCLE 12TH FL  
CORAL GABLES FL 33134**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DVS  
KERRIGAN, JUANITA I  
201 ALHAMBRA CIRCLE, 12TH FL  
CORAL GABLES FL 33134**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**PTD  
MCNAIRY, CHARLES L  
201 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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: *Juanita I. Kerrigan* VP/Sec.SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JUANITA I. KERRIGAN**

4/19/01

Date

(305) 442-7000

Daytime Phone #

CR2E034 (10/00)