FILED

## 2002 Uniform Business Report (UBR)

SIGNATURE:

## Apr 02, 2002 8:00 am Secretary of State **DOCUMENT #** P96000049763 1. Entity Name • 04-02-2002 90825 001 \*\*\*600.00 WESTERN GOLF OF PENSACOLA, INC. Principal Place of Business Mailing Address 7711 E. GREENWAY RD. 7711 E. GREENWAY RD. SCOTTSDALE AZ 85260 SCOTTSDALE AZ 85260 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2247451 Not Applicable Zip Country 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) ,1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so." After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (10/6) ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BLACK, JOE CR2E034 STREET ADDRESS STREET ADDRESS 7711 E. GREENWAY RD. CITY-ST-ZIP SCOTTSDALE AZ CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME DICKEY, RUSSELL S. STREET ADDRESS STREET ADDRESS 4340 N 42 AVE CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME DICKEY, VERDE V. STREET ADDRESS STREET ADDRESS 4340 N 42 AVE CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME EDGMON, HUGH NAME STREET ADDRESS STREET ADDRESS 7711 E GREENWAY RD CITY-ST-ZIP CITY-ST-ZIP SCOTTSDALE AZ 85260 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.