

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000055076

1. Corporation Name
WT GOLF CLUB, INC.

Principal Place of Business

C/O BOJER FINANCIAL LTD.
633 SKOKIE BLVD. STE 206
NORTHBROOK IL 60062

Mailing Address

C/O BOJER FINANCIAL LTD.
633 SKOKIE BLVD. STE 206
NORTHBROOK IL 60062

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90141 036 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1997

4. FEI Number

36-4171854

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Bojer Financial Ltd.
Suite, Apt. #, etc.

22 1725 Sidewinder Dr # 1000
City & State

23 Park City UT
Zip Country

24 84060 25 USA

2a. Mailing Address

26 1725 Sidewinder Dr.
Suite, Apt. #, etc.

27 Suite 1000
City & State

28 Park City UT
Zip Country

29 84060 30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME REINSdorf, JERRY M
STREET ADDRESS 633 SKOKIE BLVD, STE 206
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE D ☐ DELETE
NAME JUDELSON, ROBERT A
STREET ADDRESS 633 SKOKIE BLVD, STE 206
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE AS ☐ DELETE
NAME CHANESS, LARRY M
STREET ADDRESS 633 SKOKIE BLVD, STE 206
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Reinsdorf, Jerry M.
1.3 STREET ADDRESS 1725 Sidewinder Drive Suite 1000
1.4 CITY-ST-ZIP Park City UT 84060

2.1 TITLE D. ☒ Change ☐ Addition
2.2 NAME Judelson, Robert A.
2.3 STREET ADDRESS 1725 Sidewinder Drive Suite 1000
2.4 CITY-ST-ZIP Park City UT 84060

3.1 TITLE AS ☒ Change ☐ Addition
3.2 NAME Chaness, Larry M.
3.3 STREET ADDRESS 1725 Sidewinder Drive Suite 1000
3.4 CITY-ST-ZIP Park City, UT 84060

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 (435) 645-7755

Date

Daytime Phone #

CR2E034 (1/98)