

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90393 043 \*\*\*150.00

**DOCUMENT # S20577**

1. Entity Name  
**COLONY RESORT, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>419 E GULF DR<br>SANIBEL FL 33957 | Mailing Address<br>419 E GULF DR<br>SANIBEL FL 33957 |
|--|--|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                 |                               |
|---------------------------------|-------------------------------|
| 4. FEI Number <b>65-0058239</b> | Applied For<br>Not Applicable |
|---------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

**EVANS, LARRY W**  
**419 E GULF DR**  
**SANIBEL FL 33957**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | PD                            | <input type="checkbox"/> Delete            |
| NAME           | <b>BAGLEY, CHARLES</b>        |  |
| STREET ADDRESS | <b>16 ROUNDHILL CT</b>        |  |
| CITY-ST-ZIP    | <b>DANVILLE IN</b>            |  |
| TITLE          | SD                            | <input type="checkbox"/> Delete            |
| NAME           | <b>WRLLER, S RUSS</b>         |  |
| STREET ADDRESS | <b>356 HARMON BLVD</b>        |  |
| CITY-ST-ZIP    | <b>DAYTON OH</b>              |  |
| TITLE          | VD                            | <input type="checkbox"/> Delete            |
| NAME           | <b>STICKEN, J.W.</b>          |  |
| STREET ADDRESS | <b>1328 CURTISS AVE.</b>      |  |
| CITY-ST-ZIP    | <b>AMES IO</b>                |  |
| TITLE          | DS                            | <input type="checkbox"/> Delete            |
| NAME           | <b>BUTLER, ZENIA</b>          |  |
| STREET ADDRESS | <b>14075 FOOTHILL CIR</b>     |  |
| CITY-ST-ZIP    | <b>GOLDEN CO</b>              |  |
| TITLE          | VP                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>REED, CRAIG</b>            |  |
| STREET ADDRESS | <b>83 E. HILLCREST AVENUE</b> |  |
| CITY-ST-ZIP    | <b>CHALFONT PA 18914</b>      |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | VP                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>SHAND, J.W. JAMES</b>  |  |
| STREET ADDRESS | <b>2313 FAIRHILL LANE</b> |  |
| CITY-ST-ZIP    | <b>DAYTON, OH 45440</b>   |  |

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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)