## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # 418991 Mar 08, 2000 8:00 am **Secretary of State** HALIFAX PLANTATION, INC. 03-08-2000 90126 001 \*\*\*300.00 Principal Place of Business Mailing Address 4000 OLD DIXIE HIGHWAY 4000 OLD DIXIE HIGHWAY ORMOND BEACH FL 32174-9262 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-2018320 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TUMBLESON, J.DOYLE Street Address (P.O. Box Number is Not Acceptable) 150 S. PALMETTO AVE. DAYTONA BEACH FL 32014 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PDT** Delete ■ Addition TITLE TITLE UANINO, ANTHONY NAME NAME 3400 Halifax Club House Dr STREET ADDRESS 4000 OLD DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP 32174 CITY-ST-ZIP ORMOND BCH FL Ormond Beach, FL Change Addition ☐ Delete TITLE TITLE COLLINS, ANN R NAME NAME RODGERS, ANN STREET ADDRESS 4000 OLD DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BCH FL Delete ☐ Change **X**Addition TITLE TITLE NAME NAME JENSEN. ALFRED Jarosik, Thomas STREET ADDRESS STREET ADDRESS 4000 OLD DIXIE HIGHWAY 4000 Old Dixie Highway CITY-ST-ZIP CITY-ST-ZIP ORMOND BCH FL Ormond Beach, FL 32174 Addition ☐ Delete TITLE NAME NAME COLLINS, JOHN STREET ADDRESS STREET ADDRESS 4000 OLD DIXIE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP ORMOND-BCH, FL 32179 ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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 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 of 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.

Daytime Phone #