2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 16, 2001 8:00 am § Secretary of State DOCUMENT # 720638 1. Entity Name MAINLANDS SECTION THREE ASSOCIATION, INC. 03-16-2001 90047 027 ****61.25 Principal Place of Business Mailing Address 4300 N W 46TH ST 4300 N W 46TH ST 932224 TAMARAC FL 33319 TAMARAC FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1444564 Not Applicable Zip \$8.75 Additional Country 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 Acquavia, George Street Address (P.O. Box Number is Not Acceptable) 4510 NW 45th Court STEINBACH, DONALD 4401 NW 44TH AVE TAMARAC FL 33310 Zip 23df 9 FL Tamarac 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. 3-8-01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PΩ Change ☐ Addition Delete TITLE TITLE Acquavia, George -STEINBAGH: DONALD-NAME NAME STREET ADDRESS STREET ADDRESS 4510 NW 45th Court 4401 NW 44TH AVE CITY-ST-ZIP TAMARAC-FL-33319 CITY-ST-ZIP Tamarac, FL 33319 VD ☐ Addition TITLE Delete TITLE ☐ Change NAME IRWIN, RENATA NAME STREET ADDRESS STREET ADDRESS 4517 NW 45TH CT CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33319 AD. TITLE X Delete TITLE VD ☐ Addition Nation, Ken HARRIS: CARROLL NAME NAME 4602 NW 45th Court STREET ADDRESS 4800 NW 45TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC-FL-33319 Tamarac, FL 33319 TITLE ☐ Delete TITLE Change noitibhA 🔲 NAME KING, BEVERLY NAME STREET ADDRESS STREET ADDRESS 4506 NW 45 COURT CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33319 ☐ Addition TITLE Delete TITI F ☐ Change NAME WATSON, ANNA MARIE NAME STREET ADDRESS STREET ADDRESS 4404 NW 45 COURT CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33319 TITLE ☐ Change ☐ Addition TIT! F □ Delete NAME BOEHM, ROBERT J NAME STREET ADDRESS 4406 N.W.44 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empow

SIGNATURE: