2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # 727004** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name RIZON EAST ASSOCIATION, INC. 04-11-2000 90041 044 ****61.25 Principal Place of Business Mailing Address 3580 SOUTH OCEAN BOULEVARD 3580 SOUTH OCEAN BOULEVARD SOUTH PALM BEACH FL 33480 SOUTH PALM BEACH FL 33480-5787 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 59-1586157 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 Street Address (P.O. Box Number is Not Acceptable) BRENNAN, WILLIAM 3580 SOUTH OCEAN BLVD. SOUTH PALM BEACH 33480 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. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SD ☐ Addition ☐ Delete TITLE TITLE GIANNI, ROSA NAME NAME STREET ADDRESS 3580 S OCEAN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP S PALM BEACH FL Change ☐ Addition Delete TITLE TITLE Johnson, Rusty 3580 S OCEAN BLUD NORTON, MAC NAME NAME STREET ADDRESS STREET ADDRESS 3580 S OCEAN BLVD S PALM BEACH, FL CITY-ST-ZIP CITY-ST-ZIP S PALM BEACH FL . Change DT-- --- ☐ Addition Delete TITLE TITLE CONWAY, Phoebe 3580 So OCEAN BLUD MILLER. KEITH NAME NAME STREET ADDRESS STREET ADDRESS 3580 SO OCEAN BLVD. CITY-ST-7IP CITY-ST-ZIP SO. PALM BCH FL Change ☐ Addition Delete TITLE MORIATY, SEAN 3580 S OCEAN BLUD POLES, SEYMOUR NAME NAME STREET ADDRESS 3580 S OCEAN BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP S PALM BEACH FL Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 an maccurate 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 by 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 wit