2000 UNIFORM BUSINESS REPORT (UBR) 3/ **FILED DOCUMENT # 735058** May 12, 2000 8:00 am Secretary of State 1. Entity Name VGH ASSOCIATION, INC. 03-21-2000 90093 033 ****61.25 Principal Place of Business Mailing Address P.O. BOX 1444 P.O. BOX 1444 BOYNTON BEACH FL 33425-1444 BOYNTON BEACH FL 33425-1444 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1723906 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) APERAVICH, MARY 2R60 SW 14 STREET # 14 **BOYNTON BEACH FL 33426** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: \$5.00 May Be Make Check Payable to Election Campaign Financing 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. ☐ Addition Secreta Change TITLE **VPD** ☐ Delete TITLE BUTCHER, ELIZABETH NAME NAME STREET ADDRESS STREET ADDRESS 2520 SW 28 AVE. # 44 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33426** ☐ Addition Delete TITLE TITLE PD NAME NAME KIRBY, BARBARA STREET ADDRESS STREET ADDRESS 1400 SW 28TH AVE. #1 CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33426 Delete TITLE TD TITLE NAME APERAUICH, MARY NAME STREET ADDRESS STREET ADDRESS 2860 S.W. 14TH ST., #14 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** ☐ Delete TITLE TIT) F S NAME NAME FERRE, NITA STREET ADDRESS STREET ADDRESS 2860 SW 14 ST # 16 CITY-ST-ZIP CITY-ST-21P BOYNTON BEACH FL 33426 mma TITLE Delete TITLE NAME MCLKEMAS, MICHELLE NAME STREET ADDRESS STREET ADDRESS 2540 S.W. 14TH CT., #39 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 empowered.

CITY-ST-ZIP

1/10

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00 561-732-3045