2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am **DOCUMENT # F08466** Secretary of State CAH PROPERTIES, INC. 04-26-2001 90089 043 ***150.00 Principal Place of Business Mailing Address 19320 US 19 NORTH PO BOX 6527 PO BOX 6220 CLEARWATER FL 33758 60037807 CLEARWATER_FL 34618-3220 To Camelot Chateau 3. Mailing Address 1831 SE Lake Weir Ave P. D. Box 3310 DO NOT WRITE IN THIS SPACE Ocala, 7e Applied For 4. FEI Number 59-1099618 Not Applicable 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 HARRIS, CHARLES A. To CAMBINET CHATEAU 19320 US 19 NORTH PO BOX 6220 **CLEARWATER FL 34624** 1831 SE Lake Weir Are ADDRESS ONLY 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) Signature, typed or printed name of registered agent and title if applicable 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 WAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 1831 SE Lake Weir Ave **PSTD** TITLE Delete HARRIS, CHARLES A JR NAME Ocala, 78 34471 1020 DRUID ROAD S. STREET ADDRESS STREET ADORESS CITY-ST-ZIP CLEARWATER FL City-St-7I2 1831 SE Lake Weir AVE - Change ☐ Delete TITLE TITLE HARRIS, CHARLES A III NAME NAME Ocala, 76 34471 STREET ADDRESS 1020 DRUID ROAD S. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete TITLE Change ____ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-7IP CITY-ST-Z:P

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 addless, with all other like empowered.

CHANATION

CHARLES A. HARRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 APR 2001 (352)629-6077

Daytime Prone #