2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 25, 2002 8:00 am DOCUMENT # N0000001511 **Secretary of State** 1. Entity Name 02-25-2002 90078 044 ****61.25 KAIROS HORIZON COMMUNITIES CORP. Principal Place of Business Mailing Address 130 UNIVERSITY PARK DRIVE 130 UNIVERSITY PARK DRIVE SUITE 170 SUITE 170 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3637543 Not Applicable Zip Country Zip 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) GRIFFIN, IKE 1736 BARCELONA WAY WINTER PARK FL 32789 City 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. SIGNATÜRE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD (9/01) TITLE ☐ Delete TITLE Change Addition MACMILLAN, HUGH NAME NAME STREET ADDRESS |317 East Park Avenue STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEE, PENELOPE MAME NAME UP OTTERY ON HORISTON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEVON EX14 9PN ENGLAND TITLE Delete TITLE ☐ Change Addition MEANS, JACQUELINE REV. NAME NAME STREET ADDRESS 720 MARTIN LUTHER KING STREET STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS IN 46202 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE GARZA, RUBEN NAME NAME STREET ADDRESS 2821 ASPEN COURT WEST STREET ADDRESS CITY-ST-ZIP **PLANO TX 75075** CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

tel. 12,2002