2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # N37992** Mar 15, 2000 8:00 am Secretary of State 1. Entity Name CARLISLE CLUB ASSOCIATION, INC. المستشيمسية 03-15-2000 90043 012 ****70.00 Mailing Address Principal Place of Business 1701 LEE ROAD 1701 LEE ROAD SUITE! A SUITE A WINTER PARK FL 32789-2161 WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3027889 Not Applicable \$8.75 Additional Country Zip 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 Name Street Address (P.O. Box Number is Not Acceptable) GRANT, JOHN W. 1701 LEE ROAD SUITE A Zip Code City FL WINTER PARK FL 32789 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11, 10, ☐ Change ☐ Addition ☐ Delete TITLE LEWIS, RICHARD NAME STREET ADDRESS 1892 COLE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EAST MEADOW NY ☐ Change ☐ Addition DST TITLE TITLE ☐ Delete NAME STEIN, EVAN NAME STREET ADDRESS STREET ADDRESS 60 CYPRESS DR CITY-ST-ZIP CITY-ST-ZIP STAMFORD CO ☐ Change ☐ Addition ☐ Delete TITLE TITLE GRANT, JOHN W. NAME NAME STREET ADDRESS STREET ADDRESS 1485 KETTLE DRUM TRAIL CITY-ST-7IP CITY - ST- ZIF ENTERPRISE FL ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 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.

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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