2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9600004400 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name SOUTH DIXIE ANTIQUE ROW ASSOCIATION, INC. 04-26-2000 90093 019 ****61.25 Mailing Address Principal Place of Business PO BOX 6815 3729 SO DIXIE HWY % NANCY NAUMAN % NANCY NAUMAN WEST PALM BEACH FL 33405-6815 WEST PALM BEACH FL 33405 3. Mailing Address 2. Principal Place of Business 1 XIF Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Beach 65-0682424 Not Applicable NEST Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 3405 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name Street Address (P.O. Box Number is Not Acceptable) NAUMAN, NANCY A 3717 S. DIXIE HWY WEST PALM BEACH FL 33405 Zip Code City 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. Nauman SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed wine of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Strasser David ☐ Change Addition ☐ Delete TITLE 3631 So. DIXIE HWY NAUMAN, NANCY A NAME NAME STREET ADDRESS STREET ADDRESS 3717 S. DIXIE HWY WPB 71 33405 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 Treasurer ☐ Change ☐ Addition ☐ Delete TITLE TITLE BLICKSILVER, JANE NAME STREET ADDRESS STREET ADDRESS 3709 S. DIXIE HWY CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 DECretary NEITZ Elizabeth ☐ Change Addition Delete TITLE TITLE ARTINIAN, TAYNA NAME NAME STREET ADDRESS 3633 S: DIXIE HWY STREET ADDRESS 3717 So. DIXIE HUM CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33405 WPB, 7-L 33405 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME REYES, ALLAN NAME STREET ADDRESS STREET ADDRESS 3632 S. DIXIE HWY CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Change Addition Delete TITLE wood, betty NAME NAME STREET ADDRESS STREET ADDRESS 3611 SO DIXIE HWY CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Change ☐ Addition □ Delete TITLE FRENCH, RON NAME NAME STREET ADDRESS STREET ADDRESS 3800 SO DIXIE HWY CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 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

SIGNATURE: NOTIFIED CONTROL DAYLING PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYLING PRODE # DayLing Prode #

changed, or on an attachment with an address, with all other like empowered.