2000 UNIFORM BUSINESS REPORT (UBR)

Jul 17, 2000 8:00 am Secretary of State DOCUMENT # **P93000068991** HOLIDAY VILLAGE OF SANDPIPER, INC. 07-17-2000 90005 015 ***558.75 Mailing Address Principal Place of Business 75 VALENÇIA AVE 3500 SE MORNINGSIDE BLVD. PORT ST. LUCIE FL 34952 12TH FL CORAL GABLES FL 33134-6141 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 65-0439807 Not Applicable Country \$8.75 Additional 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 THE PRENTICE HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. STE 105 TALLAHASSEE FL 32301 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE-NOW!!!-FEE.IS-\$150:00-9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE TITLE Delete NICOLAS, JAPY NAME NAME STREET ADDRESS STREET ADDRESS 75 VALENCIA AVE 12TH FL CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Addition Change ☐ Delete TITLE TITLE MARTIN, YVES NAME NAME 75 VALENCIA AVE 12TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☐ Addition TITLE TITLE ☐ Delete RINDER, MARK NAME NAME STREET ADDRESS 75 VALENCIA AVE 12TH FL STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITE KIRSCH, EILEEN ~~ NAME NAME STREET ADDRESS STREET ADDRESS 75 VALENCIA AVE 12TH FL CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ★ Addition X. Delete TITLE TITLE SHORE, MICHAEL NAME NAME STREET ADDRESS 75 VALENCIA AVE 12TH FL STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **CORAL GABLES FL 33134** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

SIGNATURE: SILLING SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR M. K. R. SCH , V. P., Sec. Y 305 425-900

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