2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

Marc L. Hagle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

100 EAST SYBELIA AVE

DOCUMENT # P94000059729

1. Entity Name

STE. 225

Principal Place of Business

100 EAST SYBELIA AVENUE

SIGNATURE: _

WORTHINGTON PROPERTIES INCORPORATED

| STE, 225 MAITLAND FL 3 US | | | STE. 225 MAITLAND FL 32751-4757 US | | | | | | | | | |
|--|--------------------------------------|---|--|----------------------------------|---|--|------------|----------------|-------------|-------------|-------------------------|--|
| 2. Principal Pl | ace of Busin | ess | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | | DO NOT WR | ITE IN THIS | SPACE | | |
| City & State | • | | City & State | | | 4. F | El Number | 65-051889 | 99 | | plied For Applicable | |
| Zip Country | | | Zip Country | | 5. 0 | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required | | | | | | |
| | 6. Name | and Address of Current R | | | 7. Name and Address of New Registered Agent | | | | | | | |
| HAG 100 (STE. MAIT | - | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | |
| MCI | CAID IL | 201 | City | | | | | | FI | Zip Code | , | |
| 9. This corpo Tax filing re (See criter | TE: Registered | Agent signature req S \$150.00 vill be \$550.0 partment of | juired when re | anstating) | n the State of F | DATE | | May Be to Fees | | | | |
| 11. | | OFFICERS AND D | PIRECTORS | 12. | | AD | DITIONS/CH | ANGES TO OF | FICERS AN | D DIRECTORS | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS KRUMM, 4951 GU NAPLES | TITLE NAME STREE CITY-S | T ADDRESS ST-ZIP | | | | | ☐ Change | ☐ Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HAGLE, I 100 E. S MAITLAN | ybelia ave., #225 | ☐ Delete | TITLE NAME STREE CITY-S | T ADDRESS ST - ZIP | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS LANGFO | rd, sharon Ybelia ave, #225 | ☐ Delete | TITLE NAME STREE | T ADDRESS ST-ZIP | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CHTY-ST-ZIP | AS OTTO, M 100 EAS | | Oelete | TITLE NAME STREE CITY-: | f address | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | | ☐ Delete | 1 | T ADDRESS ST-ZIP | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ Delete | | T ADDRESS ST-ZIP | | | | | ☐ Change | Addition | |
| | | e information supplied with ort or supplemental report is the receiver or trustee empor achment with an address, w | | | | | | | | | | |

FILED

Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90266 049 ***150.00

(407) 629-2040

Daytime Phone #

3/24/00