2000 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2000 8:00 am Secretary of State **DOCUMENT # \$39158** 1. Entity Name QUAIL RIDGE COUNTRY CLUB REALTY, INC. 05-16-2000 90801 043 ***150.00 Principal Place of Business Mailing Address 3715 GOLF RD. 3715 GOLF RD. BOYNTON BCH. FL 33436-5498 BOYNTON BCH. FL 33436-5437 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0263881 Not Applicable \$8.75 Additional Zip Country Zìp 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 TENNYSON, ROD Street Address (P.O. Box Number is Not Acceptable) 1801 AUSTRALIAN AVENUE, SOUTH SUITE 101 **WEST PALM BEACH FL 33436** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Tax filling requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) **X**, 7 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Change Delete TITLE TITLE NAME BRUGLER, JOHN NAME STREET ADDRESS STREET ADDRESS 3715 GOLF ROAD CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** ☐ Change ☐ Addition ☐ Delete TITLE TITI F MANCHESTER, JAN NAME STREET ADDRESS 3715 GOLF RD STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **BOYNTON BCH FL 33436** Change Addition Defete TITLE TITLE NAME 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 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME

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

STREET ADDRESS

CiTY-ST-7/P

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND POPE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

4-26-00 (561) 737-5100

Daytime Phone #

☐ Change

☐ Addition

CR2E034 (9/99