2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
07-24-2000 90013 022 ****61.25
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F42374

1. Entity Name

ISLAND ONE, INC.

A0069366

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2345 Sand Lake Rd. Suite 100 Orlando, Fl 32809	2345 Sand Lake Rd. Suite 100 Orlando, Fl 32809

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2161490 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KORSHAK, STEPHEN D
2345 SAND LAKE ROAD
SUITE 100
ORLANDO, FLORIDA 32809

7. Name and Address of New Registered Agent

Name: KORSHAK, STEPHEN D.
Street Address (P.O. Box Number is Not Acceptable): 2345 SAND LAKE ROAD, SUITE 120
City: ORLANDO, FLORIDA 32809 FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LINDEN, DEBORAH L 2345 SAND LAKE RD. STE 100 ORLANDO, FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/D LINDEN, DEBORAH L 2345 SAND LAKE RD. STE 100 ORLANDO, FL 32809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ERFURTH, CARY J 2345 SAND LAKE RD. STE 100 ORLANDO, FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/S/D ERFURTH, CARY J 2345 SAND LAKE RD. STE 100 ORLANDO, FL 32809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OGDEN, NANCY L 2345 SAND LAKE RD. STE 100 ORLANDO, FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOLBROOK, KAREN 2345 SAND LAKE RD. STE 100 ORLANDO, FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S HOLBROOK, KAREN 2345 SAND LAKE RD. STE 100 ORLANDO, FL 32809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D WEBB, ROBERT J 2345 SAND LAKE RD. STE 100 ORLANDO, FL 32809	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIMAND, ART 2345 SAND LAKE RD. STE 100 ORLANDO, FL 32809	☒ Change ☒ Addition

CR2E034 (9/99)

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.

SIGNATURE: _____ 407-859-8900 7/14/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Deborah L. Linden

8/1