2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State DOCUMENT # N0100003470 1. Entity Name 03-18-2002 90183 040 ****70 00 100 EAST PINE STREET CONDOMINIUM ASSOCIATION, IN Principal Place of Business Mailing Address 100 e, pine st., suite 302 100 E. PINE ST., SUITE 302 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3 Applied For Not Applicable Zip 🗼 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CALLAHAN, W. SCOTT ESQ. 37 NORTH SOUTH ORANGE AVE., SUITE 200 ORLANDO FL 32801 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PVST (9/01) TITLE ☐ Delete TITLE KUHN, CAMERON NAME NAME STREET ADDRESS 100 E. PINE ST., SUITE 302 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete Change ☐ Addition KUHN, CAMERON NAME NAME 100 E. PINE ST., SUITE 302 STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-7P ORLANDO FL 32801 ☐ Delete П Спалов Addition TURICZEK, CASSY-MAME NAME STREET ADDRESS 100 E. PINE ST., SUITE 302 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Delete TITLE ☐ Change ☐ Addition CALLAHAN, W. SCOTT NAME NAME STREET ADDRESS 37 N. ORANGE AVE., SUITE 200 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delate TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this Illing 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 changed, or on an attachment

SIGNATURE:

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