2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2000 8:00 am Secretary of State **DOCUMENT # 367548** 1. Entity Name BOCA ROYALE GOLF REALTY, INC. 04-12-2000 90030 012 ***150.00 Principal Place of Business Mailing Address 1 SOUTH GOLFVIEW DRIVE 1 SOUTH GOLFVIEW DRIVE ENGLEWOOD FL 34223-1826 ENGLEWOOD FL 34223 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1301738 Not Applicable Country Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOMPSON, ANDREW M Street Address (P.O. Box Number is Not Acceptable) 1 SOUTH GOLFVIEW DRIVE ENGLEWOOD, FL 34223 City 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 FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE Change Addition TITLE THOMPSON, GEROGE R. JR. NAME NAME 2519 COZUMEL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA, FL 00000** ☐ Change Addition ☐ Delete TITLE TITLE THOMPSON, GEORGE R SR. NAME NAME 1 S. GOLFVIEW DRIVE STREET ADDRESS STREET ADDRESS ENGLEWOOD, FL 00000 CITY-ST-ZIP CITY-ST_ZIP Change Addition ☐ Delete TITLE TITLE THOMPSON, GEORGE R JR NAME NAME 2519 COZUMEL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 00000 ☐ Change Addition ☐ Delete TITLE TITLE THOMPSON, ANDREW M. NAME NAME #1 S. GOLFVIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 ap address, with all other like empow

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SIGNATURE:

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