2000 UNIFORM BUSINESS REPORT (UBR)

with an address, with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

SIGNATURE:

FILED DOCUMENT # 379232 May 23, 2000 8:00 am 1. Entity Name **Secretary of State** MAC-VAIL, INC. 05-23-2000 90194 047 ***150.00 Principal Place of Business Mailing Address 2543 US 27 S 2543 US 27 S SEBRING FL 33870-2125 SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1318863 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MACBETH, J. ROSS Street Address (P.O. Box Number is Not Acceptable) 2543 U.S. 27 SOUTH SEBRING FL 33872 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME MACBETH, JANA VAIL NAME 491 NE DURAND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP atlanta ga ☐ Delete Change ☐ Addition TD TITLE NAME MACBETH, ROBERT MARK NAME STREET ADDRESS 1702 ANDALUSIA ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 🔼 Change ☐ Addition ☐ Delete TITLE TITI F MACBETH, JOSEPH ROSS ÑAME NAME STREET ADDRESS 956 NW LAKEVIEW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33870 SEBRING FL ☐ Addition TITLE ☐ Delete TITLE MACBETH, HOWARD SCOTT NAME NAME 5406 N. Huckleberry Lake Drive 5406 N. HUCKLEBERRY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Sebring, FL 33872 CITY-ST-ZIP SEBRING FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 thustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if