2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 379602** Feb 21, 2000 8:00 am 1. Entity Name Secretary of State WOODEN SHOE GARDENS, INC. 02-21-2000 90021 041 ***150.00 Mailing Address Principal Place of Business 3601 VINKEMULDER RD 3601 VINKEMULDER RD COCOANUT CREEK FL 33073 COCOANUT CREEK FL 33073-3428 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1348113 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VINKEMULDER, CORNELIUS R Street Address (P.O. Box Number is Not Acceptable) 4400 N W 7TH STREET **COCONUT CREEK FL 33066** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE NAME LEITCH, RICHARD L. NAME STREET ADDRESS STREET ADDRESS 9090 B S.W. 21ST ST. CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL** Addition ☐ Change ☐ Delete TITLE TITLE VINKEMULDER, CORNELIUS NAME NAME STREET ADDRESS STREET ADDRESS 4400 NW 7TH ST CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL ☐ Change Addition ☐ Delete TITLE TITLE VINKEMULDER, JOYCE NAME NAME STREET ADDRESS STREET ADDRESS 4400 N.W.7TH.ST CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME WEAVER, DAVID E. STREET ADDRESS STREET ADDRESS 3689 COCOPLUM CIRCLE CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33063** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST 7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 truster 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORNELIUS R. VINKEMULDER, PRES.

SIGNATURE: