2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2001 8:00 am **DOCUMENT # 408548** Secretary of State 1. Entity Name HAWTHORNE HILLS OF DELAND, INC. 01-18-2001 90004 027 ***150.00 Principal Place of Business Mailing Address 1275 S GARFIELD AVE 1275 S GARFIELD AVE 000010 DELAND FL 32724 DELAND FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1437791 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OUN 0 **GUERIN, V MICHAEL** Street Address (P.O. Box Number is Not Acceptable) **837 YALE DELAND FL 32724** 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 1ice SIGNATURE 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, 2001 Fee will be \$550.00 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. CR2E034 (10/00) TITLE ☐ Delete Change ☐ Addition TITLE **GUERIN, MICHAEL** NAME NAME Guerin, Michael 837 YALE STREET ADDRESS STREET ADDRESS 837 Yale CITY-ST-ZIP DELAND FL CITY-ST-ZIP Deland ☐ Delete TITLE ☐ Addition **GUERIN, NANCY** Guztin Mancy 1239 Ocean Shore Blud NAME NAME 1239 OCEAN SHORES BLVD #5A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL CITY-ST-ZIP Beach, TITLE Change ☐ Addition TITLE **Delete** NAME GUERIN, WILLIAM H NAME STREET ADDRESS 180.0 S OCEAN BLVD #1007 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP CITY-ST-ZIP Addition 172/Change TITLE ☐ Delete TITLE YOUNG, JANE NAME young, Jane 3125 NE 42 CT STREET ADDRESS 3125 N.E. 42ND CT. STREET ADDRESS CITY-ST-ZIP FT.LAUDERDALE FL CITY-ST-ZIP Laurendelle Fl Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE □ Change NAME STREET ADDRESS STREET ADDRESS

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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.

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SIGNATURE: