2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 24, 2000 8:00 am DOCUMENT # 444585 1. Entity Name Secretary of State COLUMBIA GROUP, INC. 01-24-2000 90009 044 ***150.00 Principal Place of Business Mailing Address AR W COLUMBIA STREET (31 W. COLUMBIA CA 33 W COLUMBIA STREET (31 W. COLUMBIA STREET) ORLANDO FL 32806-1123 ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1508959 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -- -BONE, FRANK C Street Address (P.O. Box Number is Not Acceptable) W. COLUMBIA ST 3148 W COLUMBIA ST ORLANDO FL 32806 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) 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITI F TITLE ☐ Delete ADDRESS (HONCE BONE, FRANK C NAME NAME 31 W.COLUMBIA SJ STREET ADDRESS 48'W COLUMBIA ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 1 4 4 1 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GEIL, ROBERT L. NAME NAME 48:W. COLUMBIA ST. STREET ADDRESS 31 W. COLUNBIA STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Change Addition Vista gre Delete TITLE BAUMSTEIN, JACK NAME NAME 31 W. COLUMBIN ST. 48'W COLUMBIA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE SCOTT, ANTHONY L NAME STREET ADDRESS STREET ADDRESS 31 W COLUMBIA ST CITY-ST-ZIP CITY-ST-ZIP ORLANDO.FL 00000 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F 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 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.

Daytime Phone #

2000