2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 496365 Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** FAIRFIELD HOMES CONSTRUCTION COMPANY 01-24-2000 90023 025 ***150.00 Principal Place of Business Mailing Address 8669 COMMODITY CIR STE 200 8669 COMMODITY CIR STE 200 ORLANDO FL 32819 ORLANDO FL 32819-9003 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 59-1645363 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUMENY, MARCEL J Street Address (P.O. Box Number is Not Acceptable) % FAIRFIELD COMMUNITIES, INC. 8669 COMMODITY CIRCLE, SUITE 200 ORLANDO FL 32819 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) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete HOWETH, ROBERT W. NAME NAME STREET ADDRESS 8669 COMMODITY CIR STE 200 STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DUMENY, MARCEL J. NAME NAME 8669 COMMODITY CIR STE 200 STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ORLANDO FL 32819 ☐ Change ☐ Addition Delete TITLE TITLE JOHNAN MOCONINERL NAME Berk, James G NAME 8669 COMMODITY CIR STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819

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 an address, with all other like empowered.

TITLE NAME

TITLE NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

BENNETT, WILLAIM J.

LITTLE ROCK AR

11001 EXECUTIVE CTR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Celete

01/09/00 501-228-2760

Change

☐ Change

Change

☐ Addition

Addition

☐ Addition