2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 505471 Apr 07, 2000 8:00 am Secretary of State 1. Entity Name EPIC COMMUNITIES, INC. 04-07-2000 90086 013 ***150.00 Principal Place of Business Mailing Address 9199 NAKOMA WAY 9199 NOKOMA WAY **BROOKSVILLE FL 34613** BROOKSVILLE FL 34613-7547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1676764 Not Applicable Country Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEMET, BARRY Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE, 8TH FLR CORAL GABLES FL 33134 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 (NOTE: Registered Agent signature required when rainstating) 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 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. Change ☐ Addition TITLE ☐ Delete TITLE DIMERCURIO, SALVATORE NAME NAME STREET ADDRESS 9199 NAKOMA WAY STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP **BROOKSVILLE FL** ☐ Addition ☐ Delete TITLE ☐ Change TITLE CHAN, FLORENCE NAME NAME 9199 NAKOMA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL** CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE CHAN, FLORENCE NAME NAME 9199 NOKOMA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL** CITY-ST-ZIP Change ▼ Addition ☐ Defete TITLE Vice President NAME NAME LOPEZ, JOANNE STREET ADDRESS STREET ADDRESS 9199 Nakome Way CITY-ST-7IP CITY-ST-ZIP Brooksville, Fl. 34613 Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00

352-696-7300

Daytime Phone #