2000 UNIFORM BUSINES'S REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State DOCUMENT # 625951 1. Entity Name LEISURE INVESTORS, INC. 03-22-2000 90084 045 \*\*\*150.00 Mailing Address Principal Place of Business 7225 S LAGOON DR 7226 S LAGOON DR PU BOX 9743 PO BOX 9743 PANAMA CITY BEACH FL 30141-1158 PANAMA CITY BEACH FL 32417 US 2. Principal Place of Business 3. Mailing Address P. 0. Box 1158 P. 0. Box 1158 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2317964 Hiram, Ga. Hiram, Ga. Not Applicable <sup>Zip</sup>30141 Country \$8.75 Additional <sup>Zip</sup> 30141 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Michael Scott DANIELL, JOHN L Street Address (P.O. Box Number is Not Acceptable) 7226 S LAGOON DR 1000 West 11th St. PANAMA CITY BEACH FL 32407 City 32401 <u>Panama City</u> 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition CR2E034 (9/99 Change TITLE ☐ Delete Daniell. John L. DANIELL, JOHN L NAME 232 Legend Creek Lane **7226 S LAGOON DR POB9743** STREET ADDRESS STREET ADDRESS Douglasville, Ga. 30134 CITY-ST-ZIP PANAMA CITY BCH FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE Daniell, Charlotte DANIELL, CHARLOTTE NAME NAME 232 Legend Creek Lane **7226 S LAGOON DR POB9743** STREET ADDRESS STREET ADDRESS 30134 Douglasville, Ga. CITY-ST-ZIP CITY-ST-ZIP\* · PANAMA CITY BCH FL ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 an other like empowered.

John L. Daniell

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

678-838-1386

Daytime Phone #