2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 15, 2000 8:00 am Secretary of State **DOCUMENT # 686556** 1. Entity Name COMMUNITY DEVELOPERS OF GAINESVILLE, INC. 02-15-2000 90006 011 ***150.00 Principal Place of Business Mailing Address 2700-D NW 43RD STREET 2700-D NW 43RD STREET GAINESVILLE FL 32607-1635 GAINESVILLE FL 32606 ប្រសាសសាលា 2. Principal Place of Business 3. Mailing Address 5201 NW 34th ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2036953 bainesuille Not Applicable 32605 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 PATCH HODOR, HOWARD Street Address (P.O. Box Number is Not Acceptable) 2700-D NW 43RD STREET **GAINESVILLE FL 32607** Zin Code 32605 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) 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. DIP Delete TITLE ☐ Change Addition THUE SMITH, DALEC 2102 NW 23" Ter NAME HOLDEN, CHARLES I NAME STREET ADDRESS STREET ADDRESS 2700-C NW 43RD STREET 32601 GAINESULTE FC CITY-ST-ZIP CITY-ST-7IP GAINESVILLE, FL 00000 Addition Delete TITLE D/T ☐ Change BROWN , DONG 5201 NW 34 M 57 HODOR, HOWARD NAME NAME STREET ADDRESS 2700-D NW 43RD STREET STREET ADDRESS CITY-ST-ZIP GAINES-11e FC 32605 CITY-ST-ZIP GAINESVILLE, FL 00000 ★ Addition Delete TITLE PATCH, ShAWN 5910 NW 38 to Ter NAME STREET ADDRESS STREET ADDRESS GAINEINILL FE 32653 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME

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 address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00 3

352-374-9622

Daytime Phone #

CR2E034 (9/99)