2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # 713716** 1. Entity Name RIO PINAR CIVIC ASSOCIATION, INC. 01-18-2000 90018 025 ****61.25 Principal Place of Business Mailing Address 8600 EL PRADO DRIVE 8600 EL PRADO DRIVE ORLANDO FL 32825-8228 ORLANDO FL 32825 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. FE! Number NOT APPLICABLE Not Applied Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, EDWARD JEE VR. 1103 ENSENADA DR ORLANDO FL 32825 City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Delete TITLE ☐ Change Addition TITLE NAME NAME NORRIS, JAMES STREET ADDRESS STREET ADDRESS 1322 ENSENADA DRIVE CITY-\$1-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME HATCH, CHRIS STREET ADDRESS STREET ADDRESS 1112 PINAR DRIVE CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32825 DIRECTOR ☐ Addition TITLE TITLE Delete CRITTENDEN, HELEN NAME NAME HENRICH, CONRAD DR. 1023 PINA DRIVE STREET ADDRESS STREET ADDRESS **623 PINAR DRIVE** CITY-ST-ZIP ORLANDO,74, 32825 CITY-ST-7IP ORLANDO FL 32825 ☐ Addition Delete ☐ Change TITLE TITLE WILLIAMS, EDWARD & VR. NAME NAME STREET ADDRESS 1103 ENSENADA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Change ☐ Addition SPIRES ☐ Delete TITLE TITLE SPIRUS, SHIRLEY NAME NAME STREFT ADDRESS STREET ADDRESS 830 PINAR DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward William FON ART VR.) WILLIAM 9. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-273-6049