2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 769157 Mar 09, 2000 8:00 am **Secretary of State** THE FLORIDA SILVER-HAIRED LEGISLATURE, INCORPORA 03-09-2000 90109 028 ****61.25 Principal Place of Business Mailing Address 9455 KOGER BLVD. 9455 KOGER BLVD. STF. 200 STE. 200 ST. PETERSBURG FL 33703-2491 ST. PETERSBURG FL 33702-2480 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 59-2317512 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WINCHESTER, ROBERT D 11200 WALSINGHAM RD #67A Zip Code City FL **LARGO FL 33778** 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. **福福 机多数** 空梯 穿外 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10, 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME WINCHESTER, ROBERT STREET ADDRESS STREET ADDRESS 11200 WALSINGHAM ROAD 67A CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33778 ☐ Addition Change TITLE Delete TITLE TD David Liegh 513 Barwick St. Wildwood, FL 3 7,11:3 NAME BACH..ERNEST -NAME STREET ADDRESS STREET ADDRESS 700 STARKEY RD, UNIT 365 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33771 **⊠** Delete ☐ Addition TITLE ٧D TITLE Monroe W. Treiman NAME Taffel-Bobbe NAME 950 Village Drive Brooksville, FL STREET ADDRESS STREET ADDRESS 353 CAVALIER RD 34601 CITY-ST-ZIP CITY-ST-ZIP PALM SPRINGS FL 33461 Change ☐ Addition PD TITLE TITLE Delete Lucille Howard, P.O.Box 320682 789 So. Atlantic Av. NAME NAME ROBERTS, RAY -STREET ADDRESS STREET ADDRESS 435 GREEN TURTLE COVE Cocoa Beach, FL 32932-0682 CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 Addition Change Delete TITLE Elizabeth Johnson NAME SCHWARZ; RALPH -1030 So. Mangonia, Circle STREET ADDRESS STREET ADDRESS ONE JOHN ANDERSON, #703 West Palm Beach CITY-ST-ZIP FL 33401 CITY-ST-ZIP **ORMOND BEACH FL 32176** Jack B. Stoffel **⊠** Delete SD TITLE 5 D NAME LEIGH, DAVID NAME 1274 Bonaventure Dr. STREET ADDRESS STREET ADDRESS 2226 CR 505 Melbourne, FL CITY-ST-ZIP CITY-ST-ZIP WILDWOOD FL: 34785

12. Thereby, 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 is 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Winchester

727 391-87 Daytine Phone #