FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jul 20, 2000 8:00 am **DOCUMENT # 819177** Secrétary of State AMENDED SMORGASBORD MANAGEMENT CO. 01-12-2000 90090 046 ***150 00 Principal Place of Business Mailing Address 10645 SW 75TH TERR P.O. BOX 770298 OCALA FL 34476 OCALA FL 34477 2. Principal Place of Business 3. Mailing Address 2872 NE 29th Street 2872 NE 29th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Ft Lauderdale, FL City & State Ft. Lauderdale, Applied For 4. FEI Number 59-1116918 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33306 Broward : 3301-Broward Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>Lulu B. Albertson</u> SLATER, HENRY A. Street Address (P.O. Box Number is Not Acceptable) 2872 NE 29th Street 10645 SW 75TH TERRACE OCALA FL 34476 Lauderdale 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. 12. Addition STD TITLE TITLE XXDelete President/Director NAME SLATER, HENRYA Lulu B. Albertson STREET ADDRESS STREET ADDRESS 10645 SW 75TH TERRACE 2872 NE 29th Street CITY-ST-ZIP CITY-ST-ZIP OCALA FL Ft. Lauderdale, FL 33306 Change DP ☐ Delete TITLE TITLE NAME ALBERTSON, JOHN C. NAME STREET ADDRESS STREET ADDRESS 1925 NE 45TH ST #231 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 ☐ Change XX Addition ☐ Delete TITLE TITLE Vice Pres/Director Joyce O'Leary 2872 NE 29th Street NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Ft. Lauderdale, FL 33306 TITLE □ Delete TITLE □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME 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 an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IE

SIGNATURE: Lulu B. MAIDERTSON, EPresident & Lucus Acceptant April 954-564. 38

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

81917×Accochmes

Smorgasbord Management Company

P.O. Box 770298 Ocala, Florida 34477 (904) 854-4766 352

July 1, 2000

TO WHOM IT MAY CONCERN:

In July, 2000, we are moving our office from Ocala, Florida to Ft. Lauderdale, Florida.

OUR NEW ADDRESS IS:

SMORGASBORD MANAGEMENT CO. 2872 NE 29th STREET FT. LAUDERDALE, FL 33306-1919

OUR NEW TELEPHONE NUMBER IS:

1- 954- 564- 3852

ALL CORRESPONDENCE, BILLS, RENT PAYMENTS, NOTICES AND ALL OTHER ITEMS, SHOULD BE SENT TO THE NEW ADDRESS AS SHOWN ABOVE.

Thank you for your cooperation.

Sincerely, SMORGASBÓRD MANAGEMENT CO.

Secretary/Treasurer

	EN7 # 819177	·		12PY	
Entity Name SMORGAS	SBORD MANAGEMENT CO.	·· *	۲.		
nncipal Place (of Business	Mailing Address	• ,	18773	
SW 75TH 1	TERR	P.O. BOX 770298 OCALA FL 34477-0298 US		18 / / -	
·		3. Mailing Address			Ŧ
2872 NE	ce of Business 29th Street	2872 NE 29t	h St.	DO NOT WRITE IN THIS SPACE	
Suite, Apt. #,	, etc.			4. FEI Number 59-1116918 Applied Not Applied	
City & State	derdale, FL	City & State Ft Lauderd	ale, FL.	\$9.75 Additions	
33306	Broward	33306	'Broward	Certificate of Status Desired Fee Required Name and Address of New Registered Agent	
	6. Name and Address of Current F	Registered Agent	Name _		
SLATER, HENRY A. 10645 SW 75TH TERRACE		1. Stroot Act	Lulu B. Albertson Maria (1.0 Hox Number in Not Acceptable) 372 NE 29th Street		
OCALA FL 34476				FL Zip Code	
	•		City Ft	Lauderdale,	<u> </u>
3. The above o	named entity submits this statement to Henry A. Slater	r the purpose of changing its	registered office or re	registered agent, or both, in the State of Florida.	: <u>00</u>
SIGNATURE _	Henry A. States Signature, typed or printed name of registered agent.	NOTE (NOTE		DATE	
5,0,1,7,0,1,2	Signature, typed or printed flattle of registered ego-	Elic and wasping		to refused when source that	
9. This corpor	ration is eligible to satisfy its Intangible quirement and elects to do so.	FILE NOW!	!!! FEE IS \$150.00	10. Election Campaign Financing \$5.00 N Trust Fund Contribution.	Fees
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Smorgasbord Management Company

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P.O. Box 770298 Ocala, Florida 34477 3-2- (****) 854-4766 July 12, 2000

Florida Department of State Division of Corporations P. O. Box 1500 Tallahassee, Florida 32302-1500

RE: Document # 819177

On January 6, 2000 we filed the above form and sent it in along with our check for \$150.00. A copy of the form that we sent in is attached.

Today we received another form, and I called your office. I was informed that a rejection letter was sent to the address as shown on the attached form in regard to the new Resident Agent. To the best of our knowledge this rejection letter was never received.

I was instructed by your office to write a letter, stating the above fact. Also to have the new Resident Agent sign the Form # 819177.

We have prepared an "Amended" return, and the "new Resident Agent" has signed on line 8 as well as line 13.

We hope this clears up the matter.

Sincerely yours, SMORGASBORD MANAGEMENT CO.

Enclosures 3

Henry A./Slater, Sec./Treas