2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # 850815 Mar 20, 2000 8:00 am **Secretary of State** BROOKWOOD INVESTMENTS, LTD, CORPORATION 03-20-2000 90063 024 ***158.75 Mailing Address Principal Place of Business BAY POINT BOX 27790 545 WAHOO RD PANAMA CITY BCH FL 32408 PANAMA CITY BCH FL 32411-7790 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 58-1402319 Not Applicable Zip Country Zip 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 Name MACK, THEODORE E ESQ Street Address (P.O. Box Number is Not Acceptable) TED MACK PA 803 N CALHOUN STREET TALLAHASSEE FL 32303 City Zip Code FL 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 (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered 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 11. OFFICERS AND DIRECTORS 12. STVD ☐ Change ☐ Addition ☐ Delete TITLE NAME **GUMMELS, MARILYN R.** NAME STREET ADDRESS STREET ADDRESS 545 WAHOO RD BAY POINT BOX 27790 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BCH FL 32411 ☐ Addition Change ☐ Delete TITLE NAME GUMMELS, KENNETH P NAME STREET ADDRESS 545 WAHOO RD BAY POINT BOX 27790 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BCH FL 32411 Change ☐ Addition TITLE ☐ Delete TITLE NAME 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 CITY-ST-7H Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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