

2004      B 1 R

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
04 APR -1 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                             |  |
|-----------------------------------------------------------------------------|--|
| <b>DOCUMENT #</b> F02000003680<br><b>1. Entity Name</b><br>CH FLORIDA, INC. |  |
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|                                                                                      |                                                                         |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>2. Principal Place of Business</b><br>1330 PALMETTO AVENUE<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>15326 ALTON PARKWAY<br>Suite, Apt. #, etc. |
| City & State<br>WINTER PARK, FL                                                      | City & State<br>IRVINE, CA                                              |
| Zip<br>32789                                                                         | Country<br>USA                                                          |
| Zip<br>92618                                                                         | Country<br>USA                                                          |

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|                                                                                                        |                                                                                                                                                                                                         |             |                |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|
| <b>4. FEI Number</b><br>73-1655648                                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Applied For</td> <td style="width: 50%; padding: 2px;">Not Applicable</td> </tr> </table> | Applied For | Not Applicable |
| Applied For                                                                                            | Not Applicable                                                                                                                                                                                          |             |                |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                                                                                                                                                         |             |                |

|                                                                                    |                                                                                                                                                                                                                                  |
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| <p style="font-size: 1.5em; font-weight: bold;">DO NOT WRITE<br/>IN THIS SPACE</p> | <b>7. Name and Address of Current Registered Agent</b><br>Name <b>NRAI Services, Inc.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br>526 E. Park Avenue<br>City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</b> |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing) DATE \_\_\_\_\_

|                                                                                                                                                                               |                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>January 1 - May 1. Fee is \$150.00</b><br><b>After May 1, Fee is \$550.00</b><br><b>Amended UBR is \$61.25</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                               |                |                                               |
|----------------------------|-----------------------------------------------|----------------|-----------------------------------------------|
| TITLE                      | NAME                                          | TITLE          | NAME                                          |
| STREET ADDRESS             | C LARRY GODWIN                                | STREET ADDRESS | PT ROBERT H. GODWIN                           |
| CITY-ST-ZIP                | 1330 PALMETTO AVENUE<br>WINTER PARK, FL 32789 | CITY-ST-ZIP    | 1330 PALMETTO AVENUE<br>WINTER PARK, FL 32789 |
| TITLE                      | VPS MELISSA MELOON                            | TITLE          | ASD STEPHEN J. SCARBOROUGH                    |
| STREET ADDRESS             | 1330 PALMETTO AVENUE<br>WINTER PARK, FL 32789 | STREET ADDRESS | 15326 ALTON PARKWAY<br>IRVINE, CA 92618       |
| CITY-ST-ZIP                | 1330 PALMETTO AVENUE<br>WINTER PARK, FL 32789 | CITY-ST-ZIP    | 15326 ALTON PARKWAY<br>IRVINE, CA 92618       |
| TITLE                      | DAT ANDREW H. PARNES                          | TITLE          | D MICHAEL C. CORTNEY                          |
| STREET ADDRESS             | 15326 ALTON PARKWAY<br>IRVINE, CA 92618       | STREET ADDRESS | 15326 ALTON PARKWAY<br>IRVINE, CA 92618       |
| CITY-ST-ZIP                | 15326 ALTON PARKWAY<br>IRVINE, CA 92618       | CITY-ST-ZIP    | 15326 ALTON PARKWAY<br>IRVINE, CA 92618       |

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**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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **Clay A. Halvorsen, Asst. Secretary 949-789-1600**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

As 2/22

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**ATTACHMENT  
TO  
2004 UNIFORM BUSINESS REPORT  
OF  
CH FLORIDA, INC.**

**10. Additional Officers:**

| <u>Name</u>       | <u>Office</u> | <u>Address</u>                                |
|-------------------|---------------|-----------------------------------------------|
| Randall D. Taylor | VP            | 1330 Palmetto Avenue<br>Winter Park, FL 32789 |
| John M. Stephens  | AT            | 15326 Alton Parkway<br>Irvine, CA 92618       |
| Lloyd H. McKibbin | AT            | 15326 Alton Parkway<br>Irvine, CA 92618       |
| Clay A. Halvorsen | AS            | 15326 Alton Parkway<br>Irvine, CA 92618       |