2000 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2000 8:00 am Secretary of State **DOCUMENT # F46646** 1. Entity Name BARRINGTON REALTY, INC. 05-23-2000 90229 048 ***158.75 Principal Place of Business Mailing Address 2345 SAND LAKE RD 2345 SAND LAKE RD STE 100 STE 100 ORLANDO FL 32809-9120 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address 2345 Sand Lake Road 2345 Sand Lake Road DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 100 Suite 100 4. FEI Number Applied For City & State City & State 59-2146149 Not Applicable Orlando, Florida Orlando, Florida Country Country \$8.75 Additional \mathbf{X} 5. Certificate of Status Desired 32809 Fee Required 32809 USA USA 7. Name and Address of New Registered Agent " 6. Name and Address of Current Registered Agent Name KORSHAK, STEPHEN D Street Address (P.O. Box Number is Not Acceptable) 2345 SAND LAKE ROAD STE 120 ORLANDO FL 32809 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. Change Addition ☐ Delete TITLE TITLE OGDEN, NANCY L. NAME NAME 2345 SAND LAKE RD STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 VSD ▼ Change Addition ☐ Delete TITLE TITLE DPTS LINDEN DEBORAH L. NAME NAME **please note Linden, Deborah L. 2345 SAND LAKE RD STE 100 STREET ADDRESS STREET ADDRESS title cor-2345 Sand Lake Road, Suite 100 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 Orlando, Florida 32809 rection - Change - Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TiTl F NAME NAME STREET ADDRESS STREET ADDRESS

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 a 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 attachment of the corporation of the corporation or the receiver of 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 of the corporation of t

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TITLE

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Deborah Light inden SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

01/07/00

Date

407-859-8900

Change

Addition

Daytime Phone #