2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F93000000912 Jan 19, 2000 8:00 am **Secretary of State EDGEMARK MANAGEMENT CORPORATION** 01-19-2000 90260 046 ***150.00 Principal Place of Business Mailing Address 3001 EXECUTIVE DR 3001 EXECUTIVE DR CLEARWATER FL 33762-2260 **CLEARWATER FL 33762** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 88-0291721 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCNEAL, RAND E Street Address (P.O. Box Number is Not Acceptable) 3001 EXEC DR STE 260 **CLEARWATER FL 33762** Zip Code 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. CEAIGO. CHOWELL VICE ದಲ್ಲಿ ಲ್ಲ ಕ್ಷನ್ನ _{ಲ್ಲಲ್ಲಿ} Signature, typ 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. JONE WEST P. THE CONTROL OFFICERS AND DIRECTORS 12. ☐ Change 11.11.17 ■ Addition TITLE ☐ Delete TITLE CALDWELL, CRAIG D NAME NAME STREET ADDRESS 10556 INDIAN HILLS CT STREET ADDRESS Ċ CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33777** Change Addition ☐ Delete TITLE TITLE MCNEAL, RAND E NAME NAME STREET ADDRESS STREET ADDRESS 3256 HERON PLACE CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** ☐ Addition ☐ Change ☐ Delete TITLE 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-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered. CEHIG D. CHOWELL