2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9700004172 Sep 12, 2000 8:00 am Secretary of State 1. Entity Name ORANGE PARK INVESTMENTS, INC. 09-12-2000 90017 020 ***550.00 Principal Place of Business Mailing Address 6400 POWERS FERRY ROAD, SUITE 224 6400 POWERS FERRY ROAD, SUITE 224 ATLANTA GA 30339 ATLANTA GA 30339 2. Principal Place of Business 3. Mailing Address <u>/o Goldstein Realty Group,</u> Inc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 1300 Riverplace Blvd., #105 Applied For 4. FEI Number City & State 58-2340212 City & State Not Applicable Jacksonville, Florida Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32207 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Barry Goldstein F & L CORP. Street Address (P.O. Box Number is Not Acceptable) Goldstein Realty Group, Inc. 200 LAURA STREET JACKSONVILLE FL 32223 1300 Riverplace Blvd., #105 City Jacksonville, 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 Barry J. Goldstein (See attached for signature) DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE KRITZER, CRAIG H NAME NAME 6400 POWERS FERRY ROAD, SUITE 224 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30339 CITY-ST-7IP SDT ☐ Change Addition TITLE TITLE Delete LEVICK, MARK J NAME NAME 6400 POWERS FERRY ROAD. SUITE 224 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30339 CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE 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 of true true 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MRED

9/7/00

(770) 951-6599

Daytime Phone #