2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9800001934 Jan 12, 2000 8:00 am **Secretary of State** THOMAS LEE PROPERTIES, INC. 01-12-2000 90062 035 ***150.00 Mailing Address Principal Place of Business 7430 LUTZ LAKE FERN ROAD 15419-15423 LIVINGSTON AVE ODESSA FL 33556-4106 LUTZ FL 33549 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 31-1361485 Not Applicable Country \$8.75 Additional Zip Country \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAUGHT, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 7430 LUTZ LAKE FERN ROAD ODESSA FL 33556 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. **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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete HARRISON, THOMAS C NAME 9696 FALLSRIDGE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI OH 45231 CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete HAUGHT, ROBERT J NAME NAME 7430 LUTZ LAKE FERN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP :-ODESSA*FL"33556" ** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE HAUGHT, CHRISTINE NAME NAME 7430 LUTZ LAKE FERN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ 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 eports true 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 the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the r

of the corporation or the receive changed, or on an attachment

ident Robert J. Haught