2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # G19645 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name ORANGE WORLD REALTY, INC. 04-18-2000 90213 026 ***150.00 Principal Place of Business Mailing Address 13340 WEST COLONIAL DRIVE 13340 WEST COLONIAL DRIVE SUITE 240 SUITE 240 WINTER GARDEN FL 34787-3978 WINTER GARDEN FL 34787 LIS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2264505 Not Applicable \$8.75 Additional Zip Country 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 MASHBURN, ERIC S Street Address (P.O. Box Number is Not Acceptable) 102 E. MAPLE STREET WINTER GARDEN FL 32787 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DS X Change ☐ Addition TITLE Delete TITLE D, S, V MEEKS, OUIDA NAME . MEEKS, OUIDA 102 CUMBERLAND AVE. STREET ADDRESS STREET ADDRESS 1011 OAKDALE STREET OCOEE FL CITY-ST-ZIP CITY-ST-7IP Windermere, PL 34786 ☐ Change ☐ Addition TITLE ☐ Delete TITLE HAUGHT, ROBERT E JR NAME NAME 205 SONOMA VALLEY CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 TITLE ☐ Change Addition Delete HAUGHT, ROBERT E JR NAME NAME 205 SONOMA VALLEY CIR STREET ADDRESS STREET ADDRESS ORLANDO FL 32835 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4-10-00

407-656-4214

Daytime Phone #