2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J10402 Aug 28, 2000 8:00 am Secretary of State 1. Entity Name BELLE RIVE VILLAS DEVELOPMENT, INC. 08-28-2000 90035 012 ***550.00 Principal Place of Business Mailing Address 5401-3: KIRKMAN-RD. 5401-S. KIRKMAN RD. 97E-515 STE-515 ORLANDO FL 32819 ORLANDO FL 32810 US ШS 3. Mailing Address 2. Principal Place of Business 4305 VINELAND 4305 VINELAND DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE G15-A SVITE G 15 - A City & State 4. FEI Number Applied For City & State 59-2666950 ORLANDO Not Applicable DRLA NOO Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 32811 USA 3281I USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROHDIE, ROBERT C. Street Address (P.O. Box Number is Not Acceptable) 5401-6: KIRKMAN-RD. STE 515 SUITE G15 - A ORLANDO FL 32819 -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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 \ 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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 12. 11. Change : ☐ Addition TITLE ☐ Delete TITLE NAME NAME GINSBURG, ALAN H. 1551 SANDSPUR RA. STREET ADDRESS STREET ADDRESS 2200 LUCIEN WAY, STE-450-MAITLAND , FL 32751 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change : ☐ Addition ☐ Delete TITLE TITLE NAME NAME ROHDIE, ROBERT C. STE. GIS-A 4305 VINELAND RD. STREET ADDRESS STREET ADDRESS 5401-S. KIRKMAN RD., STE 515 ORLANDO, FL 37811 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE 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 inpowered 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:

C/TY-ST-7IP

GON TURE REQUIREROBERT C. ROHDIE 7/17/00 407-650-1958

CR2E034 (5/00)