2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # J65877 May 18, 2000 8:00 am 1. Entity Name **Secretary of State** MVW LAND GROWTH INVESTORS, INC. 05-18-2000 90316 017 ***150.00 Principal Place of Business Mailing Address PO BOX 1526 200 S. ORANGE AVE. ORLANDO FL 32802-1526 SUITE 2600 ORLANDO FL 32801 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2794737 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 VAN HEYDE, JOSEPH J II Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE. **SUITE 2600** ORLANDO FL 32801 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) 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 11. 12. ☐ Addition TITLE ☐ Delete ☐ Change WILSON, WILLIAM B. NAME NAME 200 S. ORANGE AVE., SUITE 2600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORLANDO FL** ☐ Addition D۷ ☐ Delete TITLE Change TITLE SEAY, JAMES E.L. NAME NAME 200 S. ORANGE AVE., SUITE 2600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL ★ Change ☐ Addition ☐ Delete TITLE TITLE VAN HEYDE, JOSEPH J II NAME Van Heyde, Joseph J. II NAME TWO SOUTH ORANGE PLAZA STREET ADDRESS STREET ADDRESS 200 S. Orange Avenue, Suite 2600 CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Orlando, FL 32801 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

407-244-1134

Daytime Phone #