2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2000 8:00 am Secretary of State **DOCUMENT # K25737** 05-15-2000 90213 001 ***150.00 B. AND V. LAND HOLDINGS OF FLORIDA, INC. Mailing Address Principal Place of Business 2299 FOX RUN 2299 FOX RUN BURTON MI 48519-1703 BURTON MI 48519 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 65-0054795 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ASKEW, JEFFREY D Street Address (P.O. Box Number is Not Acceptable) 700 N. OLIVE AVENUE WEST PALM BEACH FL 33408 Zip Code City FL 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 DATE 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change DS ☐ Delete TITLE TITLE NAME NAME SMITH, DIANE J. STREET ADDRESS STREET ADDRESS 2299 FOX RUN CITY-ST-ZIE CITY-ST-ZIP **BURTON MI** ☐ Change Addition Delete TITLE TITLE DΡ NAME SMITH, BRENT A. NAME STREET ADDRESS STREET ADDRESS 2299 FOX RUN CITY-ST-ZIP CITY-ST-ZIP **BURTON MI.** ☐ Change Addition ☐ Delete TITLE SMITH, VAUGHN R. NAME NAME STREET ADDRESS STREET ADDRESS 1311 CLAIRWOOD CITY-ST-ZIP CITY-ST-ZIP <u>Burton MI 48509</u> TITLE ☐ Delete TITLE Change ■ Addition SMITH, DIANA M. NAME STREET ADDRESS STREET ADDRESS 1311 CLAIRWOOD CITY-ST-ZIP CITY-ST-ZIP **BURTON MI 48509** TITLE ☐ Delete Change Addition

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

☐ Delete

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-7tP

CITY-ST-ZIP

☐ Change

Addition