2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K30689 Feb 24, 2000 8:00 am Secretary of State THE COUNTRY CLUB OF SEBRING, INC. 02-24-2000 90028 005 ***150.00 Mailing Address Principal Place of Business 4800 HAW BRANCH RD 4800 HAW BRANCH RD SEBRING FL 33872-1706 SEBRING FL 33872-1706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2935842 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARRIS, R GREGORY Street Address (P.O. Box Number is Not Acceptable) 4800 HAW BRANCH RD SEBRING FL 33872 Zip Code 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 little 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, Addition Change TITLE ☐ Delete TITLE HARRIS, ROLAND A NAME NAME STREET ADDRESS 4800 HAW BRANCH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SEBRING FL 33872 ☐ Change ☐ Addition ☐ Detere TITLE TITLE HARRIS, R. GREG NAME NAME STREET ADDRESS 4800 HAW BRANCH ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 ☐ Addition Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP [] Change Addition Delet 2 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

SIGNATURE: Khug Han RGREG HARRIS 2/11/00 863-382-8538