2001 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2001 8:00 am DOCUMENT # **K75389 Secretary of State** 1. Entity Name ISLEWORTH DOWNS, INC. 03-22-2001 90009 011 ***150.00 Principal Place of Business Mailing Address 7491 CONROY-WINDERMERE ROAD 7491 CONROY-WINDERMERE ROAD しているもうなり ORLANDO FL 32835-2769 ORLANDO FL 32835-2769 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2949336 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JULIAN, DARRELL R. Street Address (P.O. Box Number is Not Acceptable) 7491 CONROY-WINDERMERE ROAD ORLANDO, FL 32835 Zip Code City 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) 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, 2001 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE Change NAME JULIAN, CARL R. NAME STREET ADDRESS STREET ADDRESS 7491 CONROY-WINDERMERE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition TITLE PSD ☐ Delete TITLE ☐ Change NAME JULIAN, DARRELL R. NAME STREET ADDRESS STREET ADDRESS 7491 CONROY-WINDERMERE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME YOUNG, MICHAEL D. STREET ADDRESS 7491-CONROY-WINDERMERE-ROAD ORLANDO, FLORIDA 32835 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TY

☐ Delete

ÆARL R. JULIAN, V.PRES. 3-19-01

407-290-3000

☐ Change

☐ Addition