2000 UNIFORM BUSINESS REPORT (UBR)

Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # M73922** 1. Entity Name FOXWOOD COUNTRY CLUB OF CRESTVIEW, INC. 01-26-2000 90044 028 ***150.00 Principal Place of Business Mailing Address 4927 ANTIOCH RD. 4927 ANTIOCH RD. CRESTVIEW FL 32536 **CRESTVIEW FL 32536-8416** 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 59-2886880 Not America 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 Namessi BARNHILL, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 501 N. FERDON BOULEVARD CRESTVIEW FL 32536 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) . 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Delete BROCK, HURDIS NAME NAME STREET ADDRESS STREET ADDRESS 306 ADAMS DR CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL TITLE Change ☐ Addition ☐ Delete TITLE STO JOHNSON, CAROL B. NAME NAME STREET ADDRESS STREET ADDRESS 5 PANDORA DR CITY-ST-ZIP CiTY-ST-ZIP CRESTVIEW FL Addition TITLE . Delete TITLE Change P.D. BARNHILL, WILLIAM A. NAME NAME STREET ADDRESS STREET ADDRESS 5847 BUCK WARD RD CITY-ST-ZIP CITY-ST-ZIP BAKER FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE VD HESTER, JUNIOR NAME NAME STREET ADDRESS WILDER RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NICEVILLE FL Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Additior TITLE NAME 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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1/14/2000 (850) 682-6199

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