

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 24, 2000 08:00 AM****Secretary of State****DOCUMENT # M80607**

1. Entity Name

QUAILS BLUFF, INC.

Principal Place of Business

400 EAST SOUTH ST.
STE. 500
ORLANDO
32801

FL

Mailing Address

400 EAST SOUTH ST.
STE. 500
ORLANDO
32801

FL

2. Principal Place of Business

450 S. ORANGE AVENUE

3. Mailing Address

450 S. ORANGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

ORLANDO

FL

4. FEI Number

59-2895530

Applied For

Not Applicable

Zip

32801

Country

Zip

32801

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

BOURNE, ROBERT A

400 EAST SOUTH STREET

SUITE 500

ORLANDO

32801

US

FL

7. Name and Address of New Registered Agent

Name

BOURNE ROBERT A

Street Address (P.O. Box Number is Not Acceptable)

450 S. ORANGE AVENUE

City
ORLANDO

FL

Zip Code
32801

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 **ROBERT A. BOURNE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/24/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE S ☐ Delete
NAME ROSE LYNN E
STREET ADDRESS 400 EAST SOUTH STREET, SUITE 500
CITY-ST-ZIP ORLANDO FLTITLE PTD ☐ Delete
NAME BOURNE, ROBERT A
STREET ADDRESS 400 EAST SOUTH ST. #500
CITY-ST-ZIP ORLANDO FLTITLE DCCE ☐ Delete
NAME SENEFF JAMES MJR
STREET ADDRESS 400 EAST SOUTH ST. #500
CITY-ST-ZIP ORLANDO FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE S ☒ Change ☐ Addition
NAME ROSE LYNN E
STREET ADDRESS 450 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801TITLE PTD ☒ Change ☐ Addition
NAME BOURNE ROBERT A
STREET ADDRESS 450 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801TITLE DCCE ☒ Change ☐ Addition
NAME SENEFF JAMES MJR
STREET ADDRESS 450 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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: LYNN E. ROSE

S

01/24/2000