## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # M83076 Apr 12, 2000 8:00 am Secretary of State PLANTATION AT LEESBURG REALTY, INC. 04-12-2000 90055 030 \*\*\*150.00 Principal Place of Business Mailing Address 25201 US HIGHWAY 27 S 25201 US HIGHWAY 27 S LEESBURG FL 34748-9088 LEESBURG FL 34748 US. US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 58-1793994 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EARL H THIELE Street Address (P.O. Box Number is Not Acceptable) 25201 US HIGHWAY 27 S 4TH FLOOR LEESBURG FL 34748 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 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE COBLE, R. LARRY NAME NAME STREET ADDRESS STREET ADDRESS 25201 HWY 27 CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL ☐ Change ☐ Addition ☐ Defete TITLE TITLE THIELE, EARL H NAME NAME STREET ADDRESS STREET ADDRESS 25201 HWY 27 CITY-ST-7IP CITY-ST-ZIP LEESBURG FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS

CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

☐ Delete

☐ Delete

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. Earl H. Thiele, President

SIGNATURE: \_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

3/31/00

352-326-4170

☐ Change

☐ Change

Addition

Addition

Daytime Phone #