2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 08, 2000 8:00 am Secretary of State **DOCUMENT # M88576** 1. Entity Name CORAL POOLS OF OCEAN REEF, INC. 09-08-2000 90006 047 ***550.00 Mailing Address Principal Place of Business & BARRACUDA LANE 6 BARRACUDA LANE OCEAN REEF CLUB OCEAN REEF CLUB KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address 16 CALLOSA ROAD 16 CALLOSA ROAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0064357 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent MITCHELL, GREGORY L. Street Address (P.O. Box Number is Not Acceptable) 16 CALLOSA ROAD 6. BARRACUDA LANG OCEAN REFE CLUB NORTH-KEY-LARGO-FL-33037 KEY LARGO, 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. $e^{\alpha} = \{ v \mid r, \psi \}$ SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750,00 7. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Addition TITLE TITI F ☐ Delete MITCHELL, GREGORY L. NAME NAME 16 CALLOSA ROAD STREET ADDRESS STREET ADDRESS 6-BARRAGUDA-LANE N KEY-LARGO FL CITY-ST-ZIP CITY-ST-7IP KEY LARGO, FL 33037 X Change ☐ Addition ☐ Delete TITLE TITLE MITCHELL, PAMELA J. NAME 6-BARRACUDA-LANE STREET ADDRESS 16 CALLOSA ROAD STREET ADDRESS CITY-ST-ZIP N-KEY-LARGO-FL CITY-ST-ZIP KEY LARGO, FL 33037 Change_ ______Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change Change TITI F TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: