2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M9800000254

FILED Apr 28, 2002 8:00 am Secretary of State

City & State City & State City & State Country City Country S. Certificate of Status Deared S	04-28-2002 90586 001 ****5.00 04-28-2002 90586 002 ****50.00			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State A, FEI Number 58-2377373 State Page 1				
Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country 5. Certificate of Status Desired Fee F 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUTLER, GORDON, F 2000 MAINE STREET FROSTPROOF FL 33843 City - State City - Stat				
Zip Country Zip Country 5. Countr	DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BUTLER, GORDON,F. 2000 MAINE STREET FROSTPROOF FL 33843 City FL 7. 6. 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 Total Processor Tot				
BUTLER, GORDON, F. 2000 MAINE STREET FROSTPROOF FL 33843 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Signature General Signature General Signature (MOTE Registered Agent Address (P.O. Box Number is Not Acceptable) City FL Z City FL Z City FL Z 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Signature General Signature Required Agent agents required Agent agents required when releastancy) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS INC. STREET ADDRESS DEED SIRET ADDRESS OTV-ST-2P THE MAKE BUTLER, GORDON F SIRET ADDRESS OTV-ST-2P THE MAKE SIRET ADDRESS OTV-ST-2P THE NAME SIRET ADRESS OTV-ST-2P THE NAME SIRET ADDRESS OTV-ST-2P THE NAME SI	Not Applicable O Additional			
BUTLER, GORDON F 2000 MAINE STREET FROSTPROOF FL 33843 City City FL Zi Street Address (P.O. Box Number is Not Acceptable) City FL Zi 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 Fiorida. SIGNATURE Signave, typed or printed name of registered agent and late if applicable. NAME Signave, typed or printed name of registered agent and late if applicable. NAME Signave, typed or printed name of registered agent and late if applicable. NAME Signave, typed or printed name of registered agent and late if applicable. NAME Signave, typed or printed name of registered agent and late if applicable. NAME Signave, typed or printed name of registered agent and late if applicable. NAME Signave, typed or printed name of registered agent and late if applicable. NAME Signave, typed or printed name of registered agent and late if applicable. NAME Signave, typed or printed name of registered agent and late if applicable. NAME Signave, typed or printed name of registered agent, or both, in the State of Fiorida. NATE Signave, typed or printed name of registered agent, or both, in the State of Fiorida. NATE Signave, typed or printed name of registered agent and late if applicable. NAME Signave, typed or printed name of registered agent, or both, in the State of Fiorida. NATE Signave, typed or printed name of registered agent, or both, in the State of Fiorida. Signave, typed or printed name of registered agent, or both, in the State of Fiorida. Signave, typed or printed agent and late if applicable. NAME Signave, typed or printed agent and late if applicable. NAME Signave, typed or printed agent and late if applicable. NAME Signave, typed or printed agent and late if applicable. NAME Signave, typed or printed agent and late if applicable. NAME Signave, typed or printed agent and late if applicable. NAME Signave, typed or printed agent agent and late if applicable. NAME Signave, typed or	equired			
BUTLER, GORDON, E. 2000 MAINE STREET FROSTPROOF FL 33843 City FL Z City FL				
2000 MAINE STREET FROSTPROOF FL 33843 City City FL Z City FL Z City FL Z City FL Z 6. 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 ingreend agent and site it applicable. (NOTE Pregistered Agent suprature required when revisation) DATE PROSTREME ADDRESS THE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 DUE BY MAY 1,				
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 late if applicable. (NOTE Registered Agent signature required when reinstatin') DATE Pagnature, typed or printed name of registered agent and late if applicable. (NOTE Registered Agent signature required when reinstatin') DATE Pagnature, typed or printed name of registered agent and late if applicable. (NOTE Registered Agent signature required when reinstatin') DATE Pagnature, typed or printed name of registered agent and late if applicable. (NOTE Registered Agent signature required when reinstatin') DATE Pagnature, typed or printed name of registered agent and late if applicable. (NOTE Registered Agent signature required when reinstatin') DATE Pagnature, typed or printed name of registered agent and late if applicable. (NOTE Registered Agent signature required when reinstatin') DATE Pagnature, typed or printed name of registered agent and late if applicable. (NOTE Registered Agent signature required when reinstatin') DATE Pagnature, typed or printed name of registered agent and late if applicable. (NOTE Registered Agent signature required when reinstatin') DATE Pagnature, typed or printed name of registered agent and late if applicable. (NOTE Registered Agent signature required when reinstatin') DATE Pagnature, typed or printed name of registered agent applicable. (NOTE Registered Agent signature required agent signature required agent applicable. (NOTE Registered Agent signature required agent s	P.O. Box Number is Not Acceptable)			
S. 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 types or primed name of registered agent and late it applicable. (NOTE Registered Agent algorithm required when reinstating)) Code			
SIGNATURE TILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002				
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 D. MANAGING MEMBERS/MANAGERS TILE MARE BUTTLER, GORDON F 2000 MAINE STREET FROSTPROOF FL 33843 TILE MAKE IREET ADDRESS TITY-57-2P TILE MAKE IREET ADDRESS TY-51-2IP TILE MAKE TREET ADDRESS TY-51-2IP TILE MAKE TY-51-2IP T				
Make Check Payable to Department of State Due By May 1, 2002 D. MANAGING MEMBERS/MANAGERS ITILE MAME BUTLER, GORDON F 2000 MAINE STREET FROSTPROOF FL 33843 TILE AME FREET ADDRESS ITY-51-ZIP TILE AME TREET ADDRESS TY-51-ZIP TILE MAME STREET ADDRESS TY-51-ZIP TILE TY-51-ZIP TY-				
MGR MGR MANAGING MEMBERS/MANAGERS TILE MANAE AMAE TIRET ADDRESS TITY-ST-ZIP TREET ADDRESS				
MANAGING MEMBERS / MANAGERS ITLE MARE BUTLER, GORDON F AMAE TREET ADDRESS TOPY-ST-ZIP TREE ADDRESS TTY-ST-ZIP TREET ADDRESS TREET ADDR				
MGR BUTLER, GORDON F 2000 MAINE STREET PROSTPROOF FL 33843 TILE AME IREET ADDRESS TYV-ST-ZIP TLE AME AME AME AME AME AME AME AME AME AM				
MGR BUTLER, GORDON F 2000 MAINE STREET PROSTPROOF FL 33843 TILE AME IREET ADDRESS TYV-ST-ZIP TLE AME AME AME AME AME AME AME AME AME AM				
HAME JOON MAINE STREET STREET ADDRESS TITY-ST-ZIP TILE AME TITLE AME TITLE TI				
TITLE TADDRESS TREET ADDRESS CITY-ST-ZIP TILE AME TREET ADDRESS TITY-ST-ZIP TO Delete TITLE AME TREET ADDRESS TYY-ST-ZIP TO Delete TITLE AME TREET ADDRESS TY-ST-ZIP TO Delete TITLE TREET ADDRESS TY-ST-ZIP TREET ADDRESS TREET ADDRESS TY-ST-ZIP TREET ADDRESS TREET ADDRESS TREET ADDRESS TY-ST-ZIP TREET ADDRESS TREET ADDRESS TY-ST-ZIP TREET ADDRESS TREET ADDRESS TREET ADDRESS TY-ST-ZIP TREET ADDRESS TREET ADDRESS TREET ADDRESS TY-ST-ZIP TREET ADDRESS TREET ADDRE	nge 🗌 Addition			
TITLE AME TREET ADDRESS TY-ST-ZIP TLE TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TREET ADDRESS TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TREET ADDR				
TITLE AME TREET ADDRESS TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TREET ADDRESS TY-ST-ZIP TREET ADDRESS TREET A				
AME IREET ADDRESS ITY-ST-ZIP TILE AME IREET ADDRESS ITY-ST-ZIP TITLE AME IREET ADDRESS ITY-ST-ZIP TITLE NAME ITTILE IDDRESS ITY-ST-ZIP ITTILE IDDRESS ITT-ST-ZIP ITTILE IDDRESS ITTILE IDDRES				
TREET ADDRESS ITY-ST-ZIP TILE TITLE TREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS TY-ST-ZIP TREET ADDRESS CITY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TR	nge 🔲 Addition			
TITY-ST-ZIP TITLE AMME AMME AMME TREET ADDRESS TY-ST-ZIP TILE MAME ME REET ADDRESS TY-ST-ZIP TILE MAME ME REET ADDRESS TY-ST-ZIP TILE NAME STREET ADDRESS TY-ST-ZIP TILE NAME STREET ADDRESS TY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE Delete TITLE				
TITLE Delete TITLE Cham AME FREET ADDRESS TY-ST-ZIP TILE ME ME REET ADDRESS TY-ST-ZIP TILE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE ME ME ME ME ME ME ME ME ME	ľ			
AME TREET ADDRESS TY-ST-ZIP TILE MME REET ADDRESS TY-ST-ZIP TILE MAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE ME REET ADDRESS TY-ST-ZIP TILE ME REET ADDRESS TY-ST-ZIP TILE ME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Cha				
STREET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE NAME STREET ADDRESS CITY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TITLE ME REET ADDRESS TY-ST-ZIP TITLE NAME STREET ADDRESS TY-ST-ZIP TITLE Delete TITLE	nge 🔲 Addition			
TTY-ST-ZIP TLE AME AME IREET ADDRESS TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ME ME REET ADDRESS TY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TLE AME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP LE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LE Cha	1			
AME AME REET ADDRESS TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAE ME ME REET ADDRESS TY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LE` Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Cha				
REET ADDRESS TY-ST-ZIP TILE IME REET_ADDRESS TY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Characteristic control of the con	ige 🔲 Addition			
CITY-ST-ZIP	- 1			
ILE ME ME REET ADDRESS TY-S1-ZIP Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP	ļ			
ME REET ADDRESS TY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE				
NAME STREET ADDRESS Y-S1-ZIP LE Delete TITLE	ge			
Y-ST-ZIP CITY-ST-ZIP Delete TITLE				
LE · Delete TITLE				
Uelete ■ IIILE	1			
	ge 🔲 Addition			
NAME NAME	No The Village			
REET ADDRESS STREET ADDRESS				
Y-ST-ZIP CITY-ST-ZIP 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 indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under certify that the certify that the certification of the control of the certification of the	ļ			