2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

FILED Feb 07, 2000 8:00 am Secretary of State **DOCUMENT # N04651** LOCH LOMOND ESTATES, INC. 02-07-2000 90019 006 ****61.25 Principal Place of Business Mailing Address 500 NEW YORK AVENUE 500 NEW YORK AVENUE DUNEDIN FL 34698-7876 **DUNEDIN FL 34698** ~~*~** 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 59-2624349 Not Applicable Zip Country Zip 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 Name Street Address (P.O. Box Number is Not Acceptable) FRYAR, DOUGLAS 500 NEW YORK AVE #16 City Zip Code **DUNEDIN FL 34698** 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. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Delete TITLE TITLE PUNGI, FRANK NAME NAME 500 NEW YORK AVE #11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** Change ☐ Addition ☐ Delete TITLE TITLE NAME Brittan, Ruth NAME STREET ADDRESS STREET ADDRESS 142 JARRET PL CITY-ST-ZIP CITY-ST-ZIP **DUNNVILLE ON N1A5N** ☐ Addition Change ☐ Delete TITLE TOWNSEND, GEORGE NAME: STREET ADDRESS STREET ADDRESS 1504-757 VICTORIA PARK AVE CITY-ST-ZIP CITY-ST-ZIP toronto on M4C5N ☐ Addition Change ☐ Delete TITLE SULLIVAN, DIANE NAME NAME STREET ADDRESS 500 NEW YORK AVENUE UNIT 35 STREET ADDRESS CITY-ST-ZIP DUNEDIN FL 34698 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME FRYAR, DOUGLAS STREET ADDRESS STREET ADDRESS 500 NEW YORK AVE UNIT 16 CITY-ST-ZIP CITY-ST-ZIP DUNEDIN.FL 34698 ☐ Change ☐ Addition TITLE ☐ Delete .TITLE SEC NAME NAME WIRSCHINT, JUDITH STREET ADDRESS STREET ADDRESS 500 NEW YORK AVE UNIT 8 CITY-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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

GUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR