8/1 FILED **DOCUMENT # N14868** Aug 21, 2000 8:00 am Secretary of State 1. Entity Name MARLIN INDUSTRIAL PARK OWNERS ASSOCIATION, IN 08-01-2000 90004 001 ****61.25 Mailing Address Principal Place of Business 3600 23 AVE. SOUTH C/O CAROL LINDSEY 2501 FLORAL RD. LAKE WORTH FL 33461 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE 2501 City & State 4. FEI Number Applied For 59-2713700 antana Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAROL LINDSEV Street Address (P.O. Box Number is Not Acceptable) MAGALDI, GLEN 2501 Floral 3600 23 AVE. SOUTH LAKE WORTH FL 33461 City Zip Code *33462* 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. M. Carol Lindsey SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. . After September 13, 2000 min. will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (2,00) Delete Addition ☐ Change TITLE TITLE MAGALDI, GLEN NAME NAME STREET ADDRESS STREET ADDRESS 3600 23 AVE SOUTH CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33461 ☐ Addition 0/7/0 Change ☐ Delete TITLE PARTON, JOHN NAME NAME STREET ADDRESS 3575 23RD AVE. SOUTH #107 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH-FL Change : ☐ Addition TITLE TITLE ☐ Delete LINDSEY, M.C. NAME NAME STREET ADDRESS 2501 FLORAL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA FL ☐ Addition SD ☐ Change TITLE ☐ Delete TITLE BACHMAN, JOHN NAME NAME STREET ADDRESS 3670 23RD AVE. S. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL Addition ☐ Change Delete TITLE TITLE myth, William 3718 23rd Ave So. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lake Worth FL ☐ Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR)