2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 08, 2000 8:00 am Secretary of State DOCUMENT # N9400006278 1. Entity Name 05-08-2000 90163 016 ****61.25 APOLLO BEACH WATERWAY IMPROVEMENT GROUP, INC. Principal Place of Business Mailing Address ROBERT H. MOHR. ATTORNEY ROBERT H. MOHR, ATTORNEY 137 S. PEBBLE BEACH BLVD #100 137 S PEBBLE BEACH BLVD #100 SUN CITY CENTER FL 33573-5708 SUN CITY CENTER FL 33573-5718 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3292113 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 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) MOHR, ROBERT H CORPORATE CENTER, SUITE 100 137 S. PEBBLE BEACH BLVD. Zip Code City SUN CITY CENTER FL 33573-5718 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) 1 (44.3 254) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PD Change Addition TITLE ☐ Defete TITLE NAME HAGGARD, BOB NAME STREET ADDRESS STREET ADDRESS 6522 SOLITAIRE PALM WAY CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH FL ☐ Addition SD ☐ Delete TITLE Change TITLE NAME NAME LITTLE, TOM STREET ADDRESS STREET ADDRESS 6502 SANTIAGO COURT ----CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME NORMAN, OLIVER STREET ADDRESS STREET ADDRESS 907 GOLF ISLAND DRIVE CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME SMOLEMSKI, JOHN STREET ADDRESS STREET ADDRESS 736 JAMAICA CIRCLE WEST CITY-ST-7IP CITY-ST-ZIP APOLLO BEACH FL ☐ Delete TITLE Change Addition TITLE ROBERTS, JERRY NAME NAME STREET ADDRESS STREET ADDRESS 6413 RUBIA CIRCLE CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH FL TITLE ☐ Delete TITLE [] Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 abcurate 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 thistee 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.

FILED