2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9500002425 Sep 11, 2000 8:00 am Secretary of State 1. Entity Name MCCALL PLAZA CONDOMINIUM ASSOCIATION, INC. 09-11-2000 90077 001 ****61.25 Principal Place of Business Mailing Address 2960 MCCALL RD 2960 MCCALL RD STE 210 STE 210 ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2752467 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) GUNDERSON, MIKO P 1861 PLACIDA RD SUITE 204 City Zip Code ENGLEWOOD FLY 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 DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** After September 13, 2000 min. will be \$236.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition TITLE ☐ Delete TITLE ☐ Change WETMORE, SCOTT NAME NAME 5121 EHRLICH RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Director Ronald S. Cliff ☐ Change DST Addition Delete TITLE TITLE 2960 S-mc Call Rd., #210 BEECH, JAMES NAME NAME STREET ADDRESS 2960 S. MCCALL RD., #210 STREET ADDRESS Englewood, FL 34224 CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD FL 34224** Director, Secretary, Treas. Achange Tracey Liyoung Rd, #210, Addition □ Delete TITLE TITLE YOUNG, TRACEY L NAME NAME STREET ADDRESS 2960 MCCALL RD. #210 STREET ADDRESS 2960 S. Mcc Englewood, CITY-ST-ZIP **ENGLEWOOD FL 34224** CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

RESTRACEVIL. ED OR PRINTED MAILE OF SIGNING OFFICER OR DIRECTOR