2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N95000005679 Mar 24, 2000 8:00 am 1. Entity Name
South Port Springs Community **Secretary of State** 03-24-2000 90067 028 ****70.00 Principal Place of Business Mailing Address C0044423 2. Principal Place of Business Mailing Address DORETTA City & State Applied For Not Applicable Country \$8.75 Additional PASCO PASCO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIGNOLA 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. The property of the state of th 9. Election Campaign Financing Make Check Payable to \$5.00 May Be man in a partie for the state of the constitution of the state of the Trust Fund Contribution. П Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Delete TITLE Change ■ Addition TITLE JERRY ROBERTS NAME NAME 35452 JOMAR AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZEPHURHILLS FL 33541 ☐ Delete TITI F □ Change ☐ Addition BARRY ROAds TITLE NAME NAME 35633 CLUBBER CT. STREET ADDRESS STREET ADDRESS ZEPHURHINS FL 33541 CITY-ST-ZIP CITY-ST-ZIF Delete_ Change ☐ Addition JIŢLE. TITLE. LEN FINIZIO LEON QUEAR NAME NAME 35409 JOMAR AVE. RANGER PKWY STREET ADDRESS STREET ADDRESS EphyRhills Fl. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE WILLIAM ELY TITLE 3620 RANGER PKWY NAME NAME STREET ADDRESS STREET ADDRESS ZEPHURHIUS FL 33541 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE DORETTA RIGNOLA 3631 RANGER PKWY. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition 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

Daytime Phone #

SIGNATURE: