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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-03-2001 91141 016 ****61.25

DOCUMENT # N96000003715

1. Entity Name

FOREST CITY EXECUTIVE CENTER OWNERS ASSOCIATION,

Principal Place of Business	Mailing Address
601 HILLVIEW DR. SUITE 105 ALTAMONTE SPRINGS FL 32714	601 HILLVIEW DR. SUITE 105 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3051469 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, ROBERT E 990 DOUGLAS AVE, SUITE 102 ALTAMONTE SPRINGS FL 32714	Name: ROBERT T. HATTAWAY Street Address (P.O. Box Number is Not Acceptable): 601 HILLVIEW DR. City: ALTAMONTE SPRINGS, F — FL — Zip Code: 32714

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: Robert Hattaway

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HATTAWAY, ROBERT T	NAME	
STREET ADDRESS	601 HILLVIEW DR, SUITE 105	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	CITY-ST-ZIP	
TITLE	VD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	PINTO, H R	NAME	
STREET ADDRESS	P O BOX 566 N/A	STREET ADDRESS	
CITY-ST-ZIP	ONECO FL 34264	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	MILLER, ROBERT E	NAME	
STREET ADDRESS	990 DOUGLAS AVE, SUITE 102	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	CITY-ST-ZIP	
TITLE	DR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Zerr, Patricia A.	NAME	
STREET ADDRESS	601 Hillview Dr.	STREET ADDRESS	
CITY-ST-ZIP	Altamonte Spgs., Fl 32714	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/00)

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: Robert Hattaway — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/26/01 — Daytime Phone #: 407-815-3433