FILED LUUU UITITUIIII MUUNN Apr 18, 2000 8:00 am Secretary of State DOCUMENT # N98000000377 1. Entity Name EXCALIBUR CLASSIC, INC. 01-12-2000 90116 045 ****61.25 Mailing Address Principal Place of Business % RAYMOND E. IMPERIAL C/O RAYMOND E. IMPERIAL 208 1515 N. FED. HWY 1515 N. FEDERAL HWY. #210 סרממתממח **BOCA RATON FL 33432 BOCA RATON FL 33432-1952** 2. Principal Place of Business 3. Mailing Address 1515 N. Federal Hwy 1515 N F Suite, Apt. #, etc Federal Hwy Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 203 Suite 203 Applied For City & State 4. FEI Number City & State 65-0807139 Not Applicable Boca Raton Boca Raton Country Ζlp Country \$8.75 Additional Zio 5. Certificate of Status Desired USA 33432-1952 33<u>432-1952</u> -7: Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent Imperial Raymond E. Address (P.O. Box Number is Not Acceptable) IMPERIAL, RAYMOND E 515 North Federal Highway 1515 N. FEDERAL HWY, #210 Suite 203 **BOCA RATON FL 33432** Zip Code City Boca Raton 3 3 4 32 - 1 9 52 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 (66/6) Change ☐ Addition ☐ Delete TITLE рD TITLE NAME NAME imperial.. Raymoni) e Imperial, Raymond E. CR2F037 STREET ADDRESS STREET ADDRESS 1515 N. FEDERAL HWY 1515 North Federal Highway, #203 CITY-ST-ZIP Boca Raton, FL 33432-1952 CITY-ST-7IP <u>Boca raton FL 33432</u> ☐ Addition ☐ Celete TITLE V D TITLE VD. NAME NAME PROCESECY, PAT Procacci, Pat STREET ADDRESS 5901 NW 23RD. AVE. STREET ADDRESS 5901 NW 23rd Avenue CITY-ST-ZIP ·CITY-ST-718 BOCA RATON FL 33498 Boca Raton, FL 33496 Change Change ☐ Add:tion Delete TITLE S/TD TITLE STD AODERBAUM, DEAN NAME Appelbaum, Alan NAME 8195 NW 47th Drive STREET ADDRESS STREET ADDRESS 8195 NW 47TH DR. CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33067 Coral Springs, FL 33067 [7] Change ☐ Addition TITLE ☐ Celete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete BILE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelate ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR