2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # N98000006736 Apr 21, 2000 8:00 am Secretary of State THE CENTER FOR DISCOVERY SOUTH, INC. 04-21-2000 90111 011 ****61.25 Principal Place of Business Mailing Address 2922 CARDINAL DR. 2922 CARDINAL DR. VERO BEACH FL 32963 VERO BEACH FL 32963-1971 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3562962 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) SCHAUB, RICHARD G SR. 2922 CARDINAL DR. VERO BEACH FL 32963 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE Change Addition TITLE SCHAUB, RICHARD G SR NAME STREET ADDRESS STREET ADDRESS 12922 CAROINAL DR. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 Change ☐ Addition TITLE Delete TITLE RIVERO, SATZA NAME STREET ADDRESS STREET ADDRESS 1100 WINDING RIVER RD. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 TITLE Change Addition TITLE ☐ Delete NAME NAME RIVERO, ANDRES R STREET ADDRESS STREET ADDRESS 100 WINDING RIVER RD. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change Addition 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 effect 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.