2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900000365

1. Entity Name

FLORIDA CLASSIC, INC.

FILED Jan 25, 2000 8:00 am Secretary of State

Principal Piece of Business Mailing Address 4399 BW 161H ST ESS1 ANNOYLE F1 72610 2 Principal Piece of Business Suite, April #, atic. City & State City & State							01	25-2000 9010	5 041 **	**70.00		
Substitute 1.3810	Principal Plac	ce of Business		Mailing Address			_					
Sulle, Apt. #, etc. City & State											U	
City & Slate City & Slate Country Zp Country A. FEI Number 59-3551267 [Not Applied For Internation Status Desired XZ	Principal Place of Business 3. Mailing Address											
Zp Country Zp Country 8. Certificate of Starus Desired XX 5.75 Additional Res Foundation Registered Agent X 5.75 Additional Res Foundation Registered Agent X 5.75 Additional Res Foundation Registered Agent X 6. Certificate of Starus Desired XX 7. Shadding Res Foundation Res F	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
### Country Zp	City & State			City & State			4. FEI Numbe	59-3551267				
GRILL LEONARD 1329 SW 16TH ST STE 5256 GAINSVILLE FL 32608 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Stignature Total To	Zip Country		Country	Zip Country			5. Certificate	of Status Desired				
GRILL, LEONARD 1329 SW 16TH ST STE 5256 GAINSVILE FL 32608 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 Fiorida. SIGNATURE Signature Signature Statement Statem		6. Name	and Address of Current Re	egistered Agent			7. Name and	Address of New R	egistered /	Agent		
City FL Zip Code					N	ame						
City FL 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 Sig			E 5056		Si	reet Address	(P.O. Box Numbe	r is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Fiorida. Signature Si	· · · · · · · · · · · · · · · · · · ·				C	City				Zip Code		
SIGNATURE FILE NOW: FEE IS \$61.25	0 Thb.					((:				<u>'</u>		
Trust Fund Contribution.	SIGNATURE		r printed name of registered agent and	d title if applicable. (NOTE: F	Registered Age	nt signature requir	ed when reinstating)		DATE			
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Indicated on this report or supplied with this hilling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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: SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR