FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICEA OR DIRECTOR

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # N9900000425 INDIAN RIVER COUNTY SENIOR GOOD LIFE GAMES, INC. 04-02-2001 90066 004 ****61.25 Principal Place of Business Mailing Address 25 PLANTATION DRIVE 25 PLANTATION DRIVE #204 VERO BEACH FL 32966-7937 VERO BEACH FL 32966-7937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0891320 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent T. Choquette Jr. SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE Beach **CORAL GABLES FL 33134** 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. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Delete TITLE ☐ Change Addition TITLE DEMPSTER, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 25 PLANTATION DRIVE CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32966-7937 ☐ Change Addition TITLE ☐ Delete TITLE NAME PICKETT, WILLIAM NAME STREET ADDRESS STREET ADDRESS 25 PLANTATION DRIVE CITY-ST-ZIP CITY=ST-ZIP VERO BEACH FL 32966-7937 SD TITLE ☐ Change Addition TITLE □ Delete PARISI, MARIË NAME NAME STREET ADDRESS STREET ADDRESS 25 PLANTATION DRIVE CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32966-7937 TITLE ☐ Delete TITLE ☐ Change Addition CHOQUETTE, LOUIS NAME NAME STREET ADDRESS 25 PLANTATION DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32966-7937 ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change □ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 this epopulation.