2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 07, 2000 8:00 am Secretary of State DOCUMENT # N9900000853 1. Entity Name PRIDE CELEBRATION OF GAINESVILLE, INC. 09-07-2000 90038 044 ****61.25 Principal Place of Business Mailing Address P.O. BOX 1451 P.O. BOX 1451 GAINESVILLE FL 32602 GAINESVILLE FL 32602 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-355 890 Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Faibis4 Box Number Not Accepted MCGLONE, KATHLEEN 3930 S.E. 14TH TERR. GAINESVILLE FL 32641 Zip Code City 32407 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 (NOTE: Registered Agent signature required when reinstating) or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61,25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ; ddition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE Tichaelo Kurbisek NAME NAME 7 NW 4th St. STREET ADDRESS STREET ADDRESS Gainesville CITY=ST-ZIP CITY-ST-ZIP -**Addition** ☐ Change Defete TITLE NAME NW 32 MY Place STREET ADDRESS STREET ADDRESS CITY-ST-ZIP يتوح لاداك CITY-ST-ZIP eagurer **1** Addition Defete TITLE Change TITLE Frances 4. Brown NAME 915 NW 30th fre. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Scaretar ☐ Change **Q** Addition TITLE TITI F NAME NAME NE. 11th Terrace STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

352-379-9911