☐ Change

☐ Addition

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000022905

TITLE

STREET ADDRESS

of the corporation or the receichanged, or on an attachmen

SIGNATURE:

CITY-ST-ZIP

FILED Sep 10, 2001 8:00 am Secretary of State 1. Entity Name VARSITY STATION, INC. 09-10-2001 90048 036 ***550.00 Principal Place of Business Mailing Address 1960 SUSSEX DRIVE 1960 SUSSEX DRIVE AUU84165 MOUNT DORA FL 32757 MOUNT DORA FL 32757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3630664 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required ... 6.: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ... BOYETTE, WADE Street Address (P.O. Box Number is Not Acceptable) 1380 GRAND HIGHWAY SUITE 200 **CLERMONT FL 34711** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PRUETT, TIM NAME NAME 1960 SUSSEX DRIVE STREET ADDRESS STREET ADDRESS **MOUNT DORA FL 32757** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition ROGERS, JOSH 1960 SUSSEX DRIVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MOUNT DORA FL 32757** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME BLAND, TEDDY --NAME STREET ADDRESS 1960 SUSSEX DRIVE STREET ADDRESS CITY-ST-ZIP **MOUNT DORA FL 32757** CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP 13. 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