2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P00000042957 1. Entity Name VILLAS OF KINGS POINTE, INC. 04-06-2001 90053 045 ***150.00 Principal Place of Business Mailing Address 5150 BELFORT ROAD P.O. BOX 551260 AUU43255 JACKSONVILLE FL 32255 **BUILDING 100** JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable 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 Name ANSBACHER, LEWIS Street Address (P.O. Box Number is Not Acceptable) 5150 BELFORT ROAD **BUILDING 100** JACKSONVILLE FL 32256 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE NAME ADLEY, JAMIE NAME STREET ADDRESS TWO SUGAR CREEK COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORMOND BEACH FL 32174** TITLE ☐ Delete TITLE NAME SCHWARTZ, WINSTON NAME STREET ADDRESS STREET ADDRESS TWO SUGAR CREEK COURT CITY~ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

JAMIE AUM ASLEY SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR