2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State DOCUMENT # P00000087619 HERON BAY PROPERTIES, INC. 05-14-2001 90013 023 ***150.00 Mailing Address Principal Place of Business 216 N.W. 119TH LANE 216 N.W. 119TH LANE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Zip Country 8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kurcharski alter SPORRER, ROBIN L Street Address (P.O. Box Number is Not Acceptable) 216 N.W. 119TH LANE 216 N.W. 119 TH CORAL SPRINGS FL 33071 CORAL SPRINGS 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. Walter Kurcharski KURCHARSKI FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. P= PRESIDENT Change ☐ Addition D= PRESIDENT Delete TITLE RICHARD S. LYNCH 216 N.W. 119 4 LANE ROBIN L SPORRER 216 N.W. 119 " LAWE NAME NAME STREET ADDRESS STREET ADDRESS CORAL SPRINGS FT. 33011 CORAL SPRINGS, Fl. 33071 CITY-ST-ZIP CITY-ST-ZIP V = VICE PRSIDENT ☐ Change ☐ Addition Delete TITLE TITLE RICHARDS. LYNCH NAME NAME 216 N.W. 119 "LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FT 33071 ☐ Change - ☐ Addition Delete TITLE TITLE --NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP Change Addition ☐ Detete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 artachment with an address, with all other like empowered.