FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2001 8:00 am DOCUMENT # P00000092613 Secretary of State MILLENNIUM RESORT REALTY, INC. 05-03-2001 91007 030 \*\*\*150.00 Principal Place of Business Mailing Address 401 CORBETT STREET #300 401 CORBETT STREET #300 CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 40/ CORBET ST #350 6 3. Mailing Address SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #350 4. FEI Number 3675636 City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JONES, BRADLEY JONES, BRADLEY Street Address (P.O. Box Number is Not Acceptable) 401 CORBETT STREET, STE. 300 **CLEARWATER FL 33756** CORBETT ST \$350 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 BANDEY 5 TONES 4/26/01 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its lorangible 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12, ☐ Change Addition PRESIDENT TITLE ☐ Delete TITLE BRAGLEY & JONES 401 CONBERT ST #350 NAME NAME STREET ADDRESS STREET ADDRESS CCEARWATER FL 33756 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ARIC CELESTE VICE PRES. Addition TITLE TITLE NAME NAME 401 CORNETT ST # 350 STREET ADDRESS STREET ADDRESS CLEARUATER FL 3375C CITY-ST-ZIP CITY-ST-ZIP DAN EGGLESTEN - VICE PRES - Delete ☐1 Addition T<u>ITLE</u> TITLE ☐ Change 40 1 CORBETT ST H350 NAME NAME STREET ADDRESS STREET ADDRESS CLEARWATER FL 33756 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Jeroso LENINE VER INES. TITLE ☐ Addition TITLE ☐ Delete NAME NAME 1800 S. RIVERSIDE DR STREET ADDRESS STREET ADDRESS EDLEGATER, FL 32132 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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 attachment with an address, with all other like empowered. ARADIEY S JUNES PRIS. 4/25/01 727-517-0500

SIGNATURE: