FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90118 047 ***150.00

| DOCUMENT # P02000048968 1. Entity Name | | | | 20023000 | |
|---|-----------------------|---|----------------------------|---|--|
| VILLAGES OF RIO PINAR CLUB, INC. | | | | · | |
| DO NOT WRITE IN THIS SPACE | | | | 11028854 | |
| 2. Principal Place of Business 700 NW 107 Avenue 3. Mailing Address 700 NW 107 Avenue 700 NW 107 | | 7Avenue | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | ite 400 | | DO NOT WRITE IN THIS SPACE | |
| | | mi FL | | 4. FEI Number 48–1259543 Applied For | |
| Zip 33172 Country USA | Zip 33172 Country USA | | | Not Applicable 5. Certificate of Status Desired \$8.75 Additional | |
| 33172 034 | 33172 | , <u>, , , , , , , , , , , , , , , , , , </u> | | 7. Name and Address of Current Registered Agent | |
| 56 1165 1155 | | | Name David B. McCain, Esq. | | |
| DO NOT WRITE | | | | P.O. Box Number is Not Acceptable) NW 107 Avenue | |
| IN THIS SPACE | | | | te 400 | |
| | | City | <u> </u> | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| | | | | | |
| SIGNATURE 170 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when runstating) DATE | | | | | |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May,Be Added to Fees | |
| 10. OFFICERS AND | | | | | |
| TITLE D/P NAME Stuart Miller | | TITLE NAME | | | |
| STREET ADDRESS 700 NWW107 Avenue | | STREET ADDRES | SS | | |
| TITLE V Miami FL 33172 | | CITY-ST-ZIP | _ | | |
| NAME William J. Graham | | TITLE | |) { | |
| STREET ADDRESS 151 Wymore Road, Ste. 4000 CMY-ST-ZIP Altamonte Springs FL 32714 | | | ss | | |
| MILE V | | CITY-ST-ZIP | | | |
| NAME Jeffrey R. Sellers | | . NAME | | | |
| STREET ADDRESS 151 Wymore Road, Ste. 4000 CITY-ST-ZIP Altamonte Springs FL 32714 | | STREET ADDRES | | | |
| THRE DV - | | TITLE | | IN THIS SPACE | |
| NAME Diane Bessette | | NAME STREET ADDRES | | IN THIS SPACE | |
| OTTY-ST-ZIP Miami FL 33172 | | CITY-ST-ZIP | ~ } | | |
| TITLE AS | | TITLE | | | |
| NAME Suzanne Braznell STREET ADDRESS 151 Wymore Road, Ste. 4000 | | NAME STREET ADDRES | s | | |
| CHY-ST-ZP Altamonte Springs FL 32714 | | CITY-ST-ZIP | | | |
| | | TITLE | | | |
| NAME Grace Santaella STREET ADDRESS 700 NW 107 Avenue | | NAME STREET ADDRES | s | | |
| CITY-ST-ZIP Miami FL 33172 CITY-ST-ZIP | | | | | |
| 12. Thereby 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 10 or on an attachment with an address, with all other like empowered. المراجعة المستعدي

Diane Bessette
Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

(305) 229-6400