## 2000 UNIFORM BUSINESS REPORT (UBR) 7/2 FILED Aug 17, 2000 8:00 am Secretary of State DOCUMENT # P93000024436 1. Entity Name GOLDEN TRIANGLE ASSOCIATES OF MELBOURNE, INC. 07-25-2000 90100 035 \*\*\*150.00 08-17-2000 90001 044 \*\*\*400.00 Mailing Address Principal Place of Business 2358 SARNO ROAD 2358 SARNO ROAD MELBOURNE FL 32935 MELBOURNE FL 32935-2654 00104603 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3170501 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo BENTLEY, ROGER W Street Address (P.O. Box Number is Not Acceptable) 2358 SARNO ROAD **MELBOURNE FL 32935** Zip Çode City submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change XX-(1H) TITLE **Z** Belete TITLE BENTLEY, SUSAN P NAME NAME STREET ADDRESS 2358 Shrivs 2358 SARNO ROAD STREET ADDRESS 3297 CITY-ST-ZIP MELBOURNE FL 32935 LBOCKENE CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS ٠ CITY-ST-ZIP CITY-ST-7IP 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 attachment with an address with all physical empowered.