2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P93000043333 1. Entity Name SCHOLAR HOMES, INC. 05-03-2001 90363 001 ***300.00 Principal Place of Business Mailing Address 2221 LEE RD 2221 LEE RD **STE 24 STE 24** WINTER PARK FL 32789 WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3190885 Not Applicable Zip Country \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRATT, JAMES R ESQ. Street Address (P.O. Box Number is Not Acceptable) GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS 369 NORTH NEW YORK AVENUE, 3RD FLOOR WINTER PARK FL 32789 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. ☐ Addition Change ☐ Delete TITLE TITLE NAME LUBIN, LAWRENCE MARKE STREET ADDRESS STREET ADDRESS 2221 LEE RD, STE 24 CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL 32789 Change VSD ☐ Addition TITLE ☐ Delete TITLE SILVER, SHOEL NAME NAME STREET ADDRESS STREET ADDRESS 2221 LEE RD, STE 24 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change ☐ Addition TITLE ☐ Defete COOPER, BERNARD NAME NAME STREET ADDRESS STREET ADDRESS 2221 LEE RD, STE 24 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ■ Addition Change TITLE ☐ Defete TITLE FISHER, MATTHEW K NAME NAME STREET ADDRESS STREET ADDRESS 2221 LEE RD, STE 24 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: .

NAME

STREET ADDRESS

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR