2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90242 020 ***150.00

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DOCUMENT # P93000078300

1. Entity Name
STAR ISLAND MANAGEMENT CORP.

Principal Place of Business	Mailing Address
2794 N. POINCIANA BLVD. KISSIMMEE FL 34746	P. O. BOX 422168 KISSIMMEE FL 34742-2168 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2800 N. POINCIANA BLVD	2800 N. POINCIANA BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE FL	City & State: KISSIMMEE FL
Zip: 34746 Country: US	Zip: 34746 Country: US

4. FEI Number 59-3306571 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEYERS, JARED M
EXECUTIVE OFFICES
2749 POINCIANA BLVD
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name: ROBERT KAPLUS
Street Address: 2800 N. POINCIANA BLVD
City: KISSIMMEE FL Zip: 34746

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: Robert A. Kaplus DATE: 4-20-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MEYERS, NEIL DR 5001 LAKE CECIL DRIVE KISSIMMEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSCD KAPLUS, ROBERT 3235 TOMAHAWK DR. KISSIMMEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT KAPLUS, ROBERT A. 8842 ELLIOT'S CT ORLANDO FL 32836 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEYERS, HILLEL 4875 PINETREE DRIVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.D.CB MEYERS, HILLEL 4875 PINETREE DR MIAMI BEACH FL 33140 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MEYERS, JARED 2791 N POINCIANA BLVD KISSIMMEE FL 34746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP INFONTE, RODNEY 2794 N POINCIANA BLVD KISSIMMEE FL 34746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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.

SIGNATURE: Robert A. Kaplus ROBERT A. KAPLUS 4/10/01 407-997-5192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #