2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000078372 Apr 05, 2000 8:00 am Secretary of State LEE ROAD INVESTORS, INC. 04-05-2000 90117 002 ***150.00 Principal Place of Business Mailing Address 1600 LEE RD 1600 LEE RD WINTER PARK FL 32789 WINTER PARK FL 32789-2208 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3209205 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELL. PERCY Street Address (P.O. Box Number is Not Acceptable) 1600 LEE RD WINTER PARK FL 32789 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS D TITLE Addition TITLE ☐ Delete **BELL, PERCY** NAME NAME STREET ADDRESS STREET ADDRESS 1600 LEE RD CITY-ST-ZIE CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP led with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eport 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 see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if idress, with all other like empowered. I hereby certify that the informat

SIGNATURE:

indicated on this report or supplement of the corporation or the redeiver or to changed, or on an attachment with

NID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99