| 2000 UNIFORM BUSINESS REPORT (UBR)  |                                     |   |  |               |                     |  |                                   |                                     | APPROVED                  |             |                            |  |
|---|-------------------------------------|---|--|---------------|---------------------|--|-----------------------------------|-------------------------------------|---------------------------|-------------|----------------------------|--|
| DOCUMENT # P9400005268  1. Entity Name  |                                     |   |  |               |                     |  |                                   | FILED                               |                           |             |                            |  |
| GOLDEN  | OAKS, I                             | NC.   |  |               |                     |  |                                   | 01                                  | D MAY - I                 | AH 8        | : 52                       |  |
| Principal Place of Business Mailing Address   |                                     |   |  |               |                     |  |                                   | 5                                   | I<br>SECRETAR<br>ALLAHASS | Y OF ST     | TATE                       |  |
| 950 N ORLANDO AVE<br>SUITE 320<br>WINTER PARK FL 32789<br>US  |                                     |   | P.O. BOX 4961<br>ORLANDO FL 32802-4961   |               |                     |  | 1 <b>1831  88</b> 1 41 <b>2</b> 1 |                                     |                           |             |                            |  |
| 2. Principal Place of Business  |                                     |   | 3. Mailing Address   |               |                     |  |                                   |                                     |                           |             |                            |  |
| Suite, Apt. #, etc.   |                                     |   | Suite, Apt. #, etc.  |               |                     |  |                                   | DO NOT WRI                          | TE IN THIS SF             | PACE        |                            |  |
| City & State  |                                     |   | City & State   |               |                     | 4.   | FEI Number                        | 59-322181                           | 2                         |             | plied For<br>t Applicable  |  |
| Zip   |                                     | Country   | Zip  | Counti        | ry                  | 5.   | Certificate of S                  | \$8.75 Additional Fee Required      |                           |             |                            |  |
|   | 6. Name                             | and Address of Current R                              | egistered Agent  |               | Nome                | 7.   | Name and Ad                       | dress of New F                      | Registered A              | jent        |                            |  |
| B&C CORPORATE SERVICES OF CENTRAL FLORIDA<br>950 N. ORANGE AVE.   |                                     |   |  |               | Name<br>Street A    | Street Address (P.O. Box Number is Not Acceptable      |                                   |                                     |                           |             |                            |  |
| SUITE 1100<br>ORLANDO FL 32801  |                                     |   |  |               |                     |  |                                   |                                     |                           |             |                            |  |
| City  |                                     |   |  |               |                     |  |                                   |                                     |                           | FL Zip Code |                            |  |
| 8. The above  | named entit                         | y submits this statement for                          | the purpose of changing its  | registere     | d office or         | registered a   | agent, or both, in                | n the State of Fl                   | prida.                    | -           |                            |  |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required) |                                     |   |  |               |                     |  | i when reinstating)               |                                     |                           | DATE        |                            |  |
| 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, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta |               |                     | 50.00  |                                   | on Campaign Fil<br>fund Contributio |                           |             | <b>0</b> May Be<br>to Fees |  |
| 11.   |                                     | OFFICERS AND D  | IRECTORS   | 12.           |                     | Ä  | DDITIONS/CH                       | ANGES TO OFF                        | ICERS AND (               | DIRECTORS   | S IN 11                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 950 N OI                            | CHARLES<br>RLANDO AVE #320<br>PARK FL 32789           | ☐ Delete   |               | T ADDRESS<br>ST-ZIP | PALME  | ><br>PALMER, CHARLES (            |                                     |                           | Change      | ☐ Addition \               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VP<br>PERRONI<br>950 N OF<br>WINTER | E, PRESTON<br>RLANDO AVE SUITE 320<br>PARK FL 32789   | ☐ Delete   |               |                     |  | one, pri                          | -05/2                               | 2/000<br>2/000            | 1008        | CO 75                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 98 SAN .                            | BOBINCHUCK, ROBERT M. 98 SAN JACINTO BLVD., SUITE 710 |  |               |                     | BOBINCHUCK, ROBER                                      |                                   |                                     |                           | Change      | Addition                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ☐ Delete                            |   |  |               | 950                 | PS<br>ENT, MARK<br>150 N. ORLANDO A<br>NINTER PARK, FL |                                   |                                     | UE., STE 320              |             |                            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | is                                  |   | ☐ Delete   |               |                     |  |                                   |                                     | ~ ~                       | ☐ Change    | ☐ Addition                 |  |
| TITLE<br>NAME   |                                     | ,   | ☐ Delete   | TITLE<br>NAME |                     |  |                                   |                                     | 1                         | Change      | ddition                    |  |

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 receive 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 air actives with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

4/20/00

407/628-4544

Daytime Phone

CR2E034 (9