2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **P94000009413** TRADEWINDS REALTY AND MANAGEMENT GROUP, INC. 01-29-2000 90133 016 ***150.00 Principal Place of Business Mailing Address 2010 JEFFERSON AVE 2010 JEFFERSON AVE LAKE PLACID FL 33852-6621 LAKE PLACID FL 33852 BILLAS 2. Principal Place of Business 3. Mailing Address 1998 JEFFER SON 1998 JEFFERSON AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3228237 PLACID LAKE PLACID Not Application LAKE_ Country \$8.75 Additional Zip 5. Certificate of Status Desired USA Fee Required 33852 USR338SZ 7.- Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name BERG, VIRGINIA G Street Address (P.O. Box Number is Not Acceptable) AVE 2010 JEFFERSON AVE LAKE PLACID FL 33852 Zip Code 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 Virginia G. Berg, President 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, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **X** Change Addition TITLE ☐ Delete TITI F BERG, VIRGINIA G NAME 114 GOLF VILLAS CT 281 BIMINI ST NE STREET ADORESS STREET ADDRESS LAKE PLACID, FL 33852 CITY-ST-ZIP LAKE PLACID FL CITY-ST-ZIP Change Delete Addition TITLE TITLE DUNFEE, DAVID J NAME NAME STREET ADDRESS 3601 JEFFERSON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP L'AKE PLACID FL Change Addition - □ Delete TITLE TITLE DUNFEE, JEANNINE NAME NAME STREET ADDRESS STREET ADDRESS 3601 JEFFERSON AVE. CITY-ST-7IP CITY-ST-ZIP LAKE PLACID FL ☐ Change ☐ Addition Delete TITLE SCHULTZ, PATRICIA A NAME NAME STREET ADDRESS STREET ADDRESS 436 HIGHLANDS LAKE DR. CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE 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 other like empowered.

Decovirginia G. Berg, President /-26-00 THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR