2001 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2001 8:00 am DOCUMENT # P95000000963 **Secretary of State** L & R M.H.P. PROPERTIES, INC. 01-25-2001 90007 016 ***150.00 Principal Place of Business -Mailing Address 36100 DOCKSIDE PLACE 36100 DOCKSIDE PLACE DADE CITY FL 33525 DADE CITY FL 33525 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3286544 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent MCCLAIN, JOE A Street Address (P.O. Box Number is Not Acceptable) 37908 CHURCH AVENUE DADE CITY FL City 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. SIGNATURE 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE RANDALL GEORGE RINA RD. NAME RANDALL, GEORGE R NAME STREET ADDRESS 36124 BASS DRIVE STREET ADDRESS DADE CITY, FL 33515-8413 CITY-ST-ZIP CITY-ST-ZIP DADE CITY FL TITLE Delete TITLE NAME RANDALL, MARY A NAME STREET ADDRESS STREET ADDRESS 36124 BASS DRIVE CITY-ST-ZIP CITY-ST-ZIP DADE CITY FL Change TITLE Delete ☐ Addition LANSDOWNE, CYNTHIA K NAME NAME STREET ADDRESS 36106 ANGLER LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DADE CITY FL 33525 TITLE Delete TITLE ☐ Change ☐ Addition LANSDOWNE, PAUL T NAME NAME STREET ADDRESS STREET ADDRESS 36106 ANGLER LANE CITY-ST-ZIP CITY-ST-ZIP DADE CITY FL 33525 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

ORGER. RANDALL 1-10-01

STREET ADDRESS