2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 09, 2001 8:00 am DOCUMENT # P95000022077 **Secretary of State** NEW ENGLAND AVENUE DEVELOPMENT COMPANY 03-09-2001 90471 029 ***150.00 Principal Place of Business Mailing Address P.O. BOX 350 425 W. NEW ENGLAND AVE. WINTER PARK FL 32790-0350 WINTER PARK FL 32789 US 2. Principal Place of Business 3. Mailing Address 558 W. New Ensland Are Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 210 Applied For City & State 4. FEI Number 59-3303282 park Not Applicable Country \$8.75 Additional Fee Required Zip Country Zip 5. Certificate of Status Desired 3a789 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -BELLOWS, DANIEL B. (P.O. Box Number is No 425 W. NEW ENGLAND AVE. #300 210 WINTER PARK FL 32789 the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name entity submits this statement SIGNATURE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete NAME MAHER, STEVEN R NAME STREET ADDRESS STREET ADDRESS 90 E. LIVINGSTON ST. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME BELLOWS, DANIEL B STREET ADDRESS STREET ADDRESS P.O. BOX 350 CITY-ST-7IP CITY-ST-ZIP **WINTER PARK FL 32790-0350** TITLE Delete TITLE' ☐ Change Addition Addition BELLOWS, DANIEL B NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 350 CITY-ST-7IP CITY-ST-ZIP WINTER PARK FL 32790-0350 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE TITLE Delete NAME 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attactive of the corporation of the co