FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 06, 2001 8:00 am DOCUMENT # P95000025793 **Secretary of State** FOX HOLLOW FARM, INC. 03-06-2001 90353 020 ***150.00 Principal Place of Business Mailing Address 9200 S. DADELALND BLVD. 9200 S. DADELALND BLVD. AUUL8822 SUITE 412 SUITE 412 MIAMI FL 33156 MIAMI FL 33156 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. FFI Number 65-0572459 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - ---BOREN, BARRY M Street Address (P.O. Box Number is Not Acceptable) 9200 S. DADELAND BLVD. SUITE 412 **MIAMI FL 33156** 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) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE ☐ Delete TITLE CR2E034 (10/00) BENNETT MIRSON, LAURA DEAN NAME NAME STREET ADDRESS STREET ADDRESS 14985 ROAN CT CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in indicated on this report or supplemental report is true and accurate and that my signature shall have

SIGNATURE:

of the corporation or the receiver or trustee empowered to execute this report as required by Chapte

effect as if made under oath; that I am an officer or director Statutes; and that my name appears in Block 11 or Block 12 if

(i), Florida Statutes. I further certify that the information

Daytime Phone #