2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P95000043045 1. Entity Name KIRTLEY PROPERTIES INC. Principal Place of Business Mailing Address | | | | | | Apr 07, 2000 8:00 am Secretary of State | | | |
|--|--|---|--|--------------------|----------------------------|---|----------------|-----------------------------|--|
| | | | | | - | | | | |
| 300 MANOR OAKS COURT SANFORD FL 32771 | | 300 MANOR OAKS COURT SANFORD FL 32771-8507 | | | | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | City & State | | | 4. FEI | Number 59-3324308 | } | oplied For ot Applicable | |
| Zip | Country | Žip | Coun | try | 5. Cer | tificate of Status Desired | \$8.75 Add | ditional | |
| | 6. Name and Address of Currer | it Registered Agent | | | 7. Nar | ne and Address of New Registe | | | |
| | | | | Name | | | | | |
| | LEY, WILLIAM W MANOR OAKS COURT | | | Street Addres | s (P.O. Box | Number is Not Acceptable) | - - | | |
| SANFORD FL 32771 | | | | | | | | | |
| | | | | City | | | FL Zip Cod | e | |
| 8. The above | named entity submits this statement Signature, typed or printed name of registered age | | | ed office or regis | | | ATE | | |
| Tax filing r | oration is eligible to satisfy its Intangib equirement and elects to do so. | After MA | NOW!!! FEE Y 1, 2000 Fee Payable to De | will be \$550.0 | 0 | 10. Election Campaign Financino Trust Fund Contribution. | | May Be | |
| 11. | OFFICERS AN | D DIRECTORS | 12. | | ADDI | TIONS/CHANGES TO OFFICERS | AND DIRECTOR | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KIRTLEY, WILLIAM W 300 MANOR OAKS COURT SANFORD FL 32771 | ☐ Dele | NAMI STRE | 1 | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KIRTLEY, VICKI L 300 MANOR OAKS COURT SANFORD FL 32771 | ☐ Oele | , nam ' stre | 1 | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Dela | NAM. | | · ** . · **. | | ☐ Change | ☐ Addition | |
| HILE | | □ Dele | NAM. Stre | l l | | | ☐ Change | ☐ Addition | |
| | | □ Dele | ele Title Nami | : | | | ☐ Change | ☐ Addition | |
| | | □ Del¢ | ete Title Nami Stre | : | | | ☐ Change | ☐ Addition | |

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.

**TURE: **

SIGNATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**Date*