2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9500068325 Mar 07, 2000 8:00 am 1. Entity Name MOUNT DORA TROLLEY, INC. **Secretary of State** 03-07-2000 90032 020 ***150.00 Mailing Address Principal Place of Business 340 DOUGLAS DR. 100 N. ALEXANDER ST. MT DORA FL 32757 EUSTIS FL 32726-2677 2. Principal Place of Business 3. Mailing Address 340 Douglas by, Eustis, Fl. 100 N. AlexandersT. 32757 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3361536 Not Applicable MT. DORA :FI Zip 3.37.26 \$8.75 Additional Country 5. Certificate of Status Desired LAKE ろるりちて Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHARD, CYNTHIA S. 340 DOUGLAS DRIVE **EUSTIS FL 32726** City 126 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 (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE **X**-Change ■ Addition Delete TITLE SHABD, BYRON NAME NAME 340 DOUGLAS DRIVE STREET ADDRESS STREET ADDRESS EUSTI8 FL 32726 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SHARD, DORIS NAME NAME 340 DOUGLAS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32726 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE SHARD, CYNTHIA -- --NAME NAME 340 DOUGLAS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32726 CITY-ST-7IP Change Addition TITLE TITI F ☐ Delete JIMENEZ RICARDO NAME NAME 340 DOUGLAS BRIVE STREET ADDRESS STREET ADDRESS EUSTIS FL 32726 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR