2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P95000085924** May 04, 2000 8:00 am Secretary of State CORO INVESTMENTS OF HERNANDO COUNTY, INC. 05-04-2000 90132 009 ***150.00 Mailing Address Principal Place of Business 15436 N. FLORIDA AVE., SUITE 101 15436 N. FLORIDA AVE., SUITE 101 TAMPA FL 33613-1225 TAMPA FL 33613 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3347701 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Myers, W. Parkinson MYERS, MYERS W Street Address (P.O. Box Number is Not Acceptable) 15436 N. Florida Avenue 13902 N DALE MABRY HWY **STE 165** Suite 101 **TAMPA FL 33618** Zip Code 33613 Tampa 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. 4/25/00 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME FRANSEN, VICTOR R NAME STREET ADDRESS STREET ADDRESS 8221 OLD COURTHOUSE RD., STE 204 CITY-ST-ZIP CITY-ST-ZIP Vienna va [X Change ☐ Addition **EVPS** ☐ Delete TITLE TITLE NAME MYERS, W. P. NAME 15436 N. Florida Ave., Suite 101 STREET ADDRESS 13902 N DALE MABRY HWY, STE 165 STREET ADDRESS CITY-ST-ZIP Tampa, FL 33613 CITY-ST-7IP TAMPA FL Change Addition Delete **VPS** TITI F TITLE HUTCHINSON, MARC C NAME NAME STREET ADDRESS 8221 OLD COURTHOUSE RD., STE. 204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

39: WARC C. HUTCHINSON

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

VICE PRESIDENT

4/24/00

(703)506-1006

Change

Change

☐ Addition

☐ Addition

Daytime Pho