2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000020212 1. Entity Name LAKE NONA ESTATES I, INC. Principal Place of Business Mailing Address 9801 LAKE NONA ROAD 200 S ORANGE AVE ORLANDO FL 32827 STE 2300

FILED May 05, 2000 8:00 am Secretary of State

05-05-2000 90001 027 ***150.00

US			ORLANDO FL 32801-3455				1 3 0 0 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1	. 44 014 81 04 8 04 8	ie da nia ina a l eid		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS S	SPACE		
City & State)		City & State			4. F	FEI Number 59-336619	3	<u> </u>	plied For t Applicable	
Zìp		Country	Zip	Country		5. (5. Certificate of Status Desired S8.75 Additional Fee Required				
	and Address of Current R	egistered Agent			7. N	Name and Address of New F	legistered A	gent		l	
STE	E AVE		Name Street Address (P.O. Box Number is Not Acceptable)								
ORLANDO FL 32801					City		FL Zip				
SIGNATURE		y submits this statement for	_		ed office or reg		ent, or both, in the State of Flo	orida.			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			State	10. Election Campaign Fi Trust Fund Contribution	n.	Àdded	0 May Be to Fees	
11. OFFICERS AND D			DIRECTORS	CTORS 12.		AD	DDITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	۔ ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SILVERTON, VIVIENNE 9801 LAKE NONA RD ORLANDO FL 32827		☐ Delete		I				Change	☐ Addition	2F034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thakkar, rasesh H 9801 lake nona RD Orlando Fl		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV VOSS, JEFFERSON R 9801 LAKE NONA RD ORLANDO FL		☐ Delete	Delete TITLI NAM STRE CITY					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Delete LYON, R RANDOLPH JR 9801 LAKE NONA RD ORLANDO FL		☐ Delete	NAM STR	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				I .				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		- 10 - 11 - 11 - 10 - 10 - 10 - 10 - 10	☐ Delete	CITY	NE EET ADDRESS '-ST-ZIP	in Costion	119.07(3)(i), Florida Statutes.	I further con	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 orderess, with all other like ampowered.

SIGNATURE:

4-24-00