## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # **P96000020870** May 18, 2000 8:00 am Secretary of State THE MAGNOLIA TREE, INC. 05-18-2000 90340 047 \*\*\*150.00 Principal Place of Business Mailing Address 12211 NOREAST LAKE DRIVE 2307 W. LINEBAUGH TAMPA FL 33612-4072 **TAMPA FL 33612** US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3360076 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRIFFIN, LINDA S 12211 NE LAKE DR **TAMPA FL 33612** 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE TINTERA. ELAINE NAME NAME STREET ADDRESS 12211 NOREAST LAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** Change Addition ☐ Delete TITLE TITLE NAME BRANKLEY, ELLEN NAME STREET ADDRESS 12211 NOREAST LAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33612 ☐ Addition Delete TITLE Change 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-ZIP ☐ Change ☐ Addition ☐ Delete 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-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

Daytime Phone #