2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000027279** May 13, 2000 8:00 am 1. Entity Name Secretary of State VILLAGES EQUIPMENT COMPANY 05-13-2000 90015 016 ***150.00 Mailing Address Principal Place of Business 1100 MAIN ST 1100 MAIN ST LADY LAKE Ft. 32159-7719 LADY LAKE FL 32159 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3368555 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURNSED, R. DEWEY Street Address (P.O. Box Number is Not Acceptable) 1000 W MAIN ST LEESBURG FL 34748 City Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE MORSE. H G NAME NAME 1100 MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE LADY LAKE FL Addition DVP ☐ Delete TITLE ☐ Change TIT! È MORSE, MARK NAME NAME STREET ADDRESS STREET ADDRESS 1100 MAIN STREET CITY-ST-ZIP CITY-ST-7IP LADY LAKE FL ☐ Addition TSD Change ☐ Delete TITLE TITLE WISE, JOHN F NAME NAME STREET ADDRESS 1100 MAIN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lady Lake Fl Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

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SIGNATURE AND TYPED OR PRINTED NAI

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