## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

## FILED DOCUMENT # **P96000028193** Mar 14, 2000 8:00 am **Secretary of State** HALIFAX PLANTATION SERVICES, INC. 03-14-2000 90172 001 \*\*\*450.00 Principal Place of Business Mailing Address 3400 HALIFAX CLUB HOUSE DR 3400 HALIFAX CLUB HOUSE DR ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3376283 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUMBLESON, J DOYLE Street Address (P.O. Box Number is Not Acceptable) 150 S PALMETTO AVE DAYTONA BEACH FL 32114 Zip Code FL 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition VD ☐ Delete TITLE TITLE **COLLINS, ANN** NAME NAME RODGERS, ANN STREET ADDRESS 4000 OLD DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL Addition SD Change TITLE NAME JENSEN, ALFRED NAME JAROSIK, THOMAS STREET ADDRESS STREET ADDRESS 4000 OLD DIXIE HIGHWAY 4000 OLD DIXIE HIGHWAY CITY-ST-ZIP CITY-ST-ZIE ORMOND BEACH FL ORMOND BCH FL 32174 Change ☐ Addition TITLE - - > - Delete TITLE **UANINO, ANTHONY** NAME NAME STREET ADDRESS STREET ADDRESS 3400 HALIFAX CLUB HOUSE DRIVE 4000 OLD DIXIE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH, FL 32174 ORMOND BEACH FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 #