2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000031531 Apr 27, 2000 8:00 am Secretary of State ORLANDO SITE DEVELOPMENT, INC. 04-27-2000 90036 020 ***150.00 Principal Place of Business Mailing Address 440 DEERWOOD AVENUE 5460 HOFFNER AVE. ORLANDO FL 32812-2511 SUITE 407 ORLANDO FL 32812 3. Mailing Address 2. Principal Place of Business 9319 E. Colonial Drive 9319 E <u>Colonial Drive</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3436372 Not Applicable Orlando. Florida Orlando. Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 32827 32827 Orange Orange 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Cook, Laurie A Street Address (P.O. Box Number is Not Acceptable) COOK, LAURIE A 440 DEERWOOD AVENUE 1800 Gregory Road ORLANDO FL 32825 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 Pavable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition Delete TITLE COOK, BRUCE A Cook, Bruce A NAME X 440 DEERWOOD AVENUE STREET ADDRESS STREET ADDRESS 1800 Gregory Rd CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-ZIP 32825 Orlando Florida Change Addition TITLE TITLE Delete VΡ COOK, LAURIE NAME Cook, Laurie A 440 DEERWOOD AVE STREET ADDRESS STREET ADDRESS 1800 Gregory Rd CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 Orlando Florida 32825 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE.

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

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☐ Change

☐ Addition

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