2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

May 07, 2002 8:00 am Secretary of State DOCUMENT # P96000041496 1. Entity Name 05-07-2002 90360 027 ***150.00 MIDLAND LAKES DEVELOPMENT CORPORATION Principal Place of Business Mailing Address D800 SE 3RD AVE 800 SE 3RD AVE STE 400 STE 400 FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0684858 Not Applicable Zip Country Zip 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 Name DEUSCHLE, BRIAN C ES Street Address (P.O. Box Number is Not Acceptable) 800 SE 3RD SUITE 400 FORT LAUDERDALE FL 33316 City 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, 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, 2002 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 11. OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Addition ☐ Delete TITLE Change TITLE DEUSCHLE, BRIAN C NAME NAME STREET ADDRESS 800 SE 3R AVE. 400 STREET ADDRESS FORT LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE DEUSCHLE, BRIAN C. NAME NAME STREET ADDRESS STREET ADDRESS 800 SE 3R AVE. 400 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Change ☐ Addition ☐ Delete TITLE TITLE **VPD** NAME NAME BENNETT, TOM W. STREET ADDRESS 7380 SANDLAKE ROAD STE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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-7IP CITY-ST-7IP 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 receiptor that the information indicated on this report of the corporation or the receiptor that I am an officer or director of the corporation or the receiptor that I am an officer or director of the corporation or the receiptor that I am an officer or director of the corporation or the receiptor that I am an officer or director of the corporation or the receiptor that I am an officer or director of the corporation or the receiptor that I am an officer or director of the corporation or the receiptor that I am an officer or director of the corporation of the receiptor that I am an officer or director of the corporation of the receiptor that I am an officer or director of the corporation of the receiptor that I am an officer or director of the corporation of the receiptor that I am an officer or director of the corporation of the receiptor that I am an officer or director of the corporation of the receiptor that I am an officer or director of the corporation of the receiptor that I am an officer or director of the corporation of the receiptor that I am an officer or director of the corporation of the receiptor that I am an officer or director of the corporation of the receiptor that I am an officer or director of the corporation of the receiptor that I am an officer or director of the receiptor that I am an officer or director of the receiptor that I am an officer or director of the receiptor that I am an officer or director of the receiptor that I am an officer or director of the receiptor that I am an officer or director of the receiptor that I am an officer or director of the receiptor that I am an officer or director

4/22/02

Date

954-763-7200

Daytime Phone #

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