2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9600051697 Feb 20, 2000 8:00 am **Secretary of State** FLORIDA TOURIST BUREAU INC. 02-20-2000 90031 043 ***158.75 Mailing Address Principal Place of Business 4817 WALDEN CIRCLE 3501 W. VINE ST. SUITE 104-B ORLANDO FL 32811-7302 KISSIMMEE FL 34746 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3385755 Not Applicable Zip Country 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 KELLOGG, RONALD E Street Address (P.O. Box Number is Not Acceptable) **4817 WALDEN CIRCLE** ORLANDO FL 32811 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 Signature, typed or printed name of registered agent and title if applicable DATE (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. **PSTD** ☐ Addition Delete TITLE TITLE KELLOGG, RONALD E NAME NAME **4817 WALDEN CIRCLE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NICHOLS, CANDACE NAME NAME 8331 DIAMOND CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE □ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition TITLE 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPESOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

PRESIDE

ate Daytime Phone #