## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000084620 1. Entity Name CHERRY HILL DESIGN & CONSTRUCTION, INC. OD FEB 29 AM 11: 10 Mailing Address Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA 2007 HEATHERBROOK FT. PO BOX 14252 TALLAHASSEE FL 32317-4252 TALLAHASSEE FL 32312 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3412042 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WINCHESTER, AUGUSTUS R Street Address (P.O. Box Number is Not Acceptable) 2037 HEATHERBROOK DR. TALLAHASSEE FL 32312 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change Addition TITLE Vice President NAME WINCHESTER, AUGUSTUS R NAME Harry L. Young, Jr. STREET ADDRESS STREET ADDRESS 2037 HEATHERBROOK FT. CITY-ST-ZIP 1951 Meridian Road, Apt. 60 CITY-ST-ZIP TALLAHASSEE FL 32312 Tallahassee, FL 32303 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 60000316124®-B@ ☐ Delete TITLE TITLE -03/07/00--01100--014 NAME NAME STREET ADDRESS STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME ...

OF SIGNING OFFICER OF DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

☐ Addition