2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000087989** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name VANCE REALTY GROUP INC. 04-18-2000 90222 016 ***150.00 Principal Place of Business Mailing Address P. O. BOX 1812 7485 CONROY-WINDERMERE RD WINDERMERE FL 34786-1812 SUITE A ORLANDO FL 32835 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. FE! Number 59-3414106 Not Applicable Zip Country \$8.75 Additional 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 REIFF, ANDREW L ESQ. Street Address (P.O. Box Number is Not Acceptable) 135 W CENTRAL BLVD SOUTHTRUST BANK BLDG, SUITE 720 ORLANDO FL 32801 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. Addition · Change TITLE X Delete TITLE MATYAS, ARNOLD STERN, ARTHUR NAME NAME 9161 PRISTINE CIRCLE 3475 BYRON LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL32818 CITY-ST-ZIP LONGBOAT KEY FL 34228 Addition Thange TITLE Delete Delete TITLE MATYAS, ARNOLD NAME ORDEN, CHARLES NAME 9161 PRISTINE CIRCLE STREET ADDRESS 7730 ROLLING RIDGE CT. STREET ADDRESS ORLANDO FL32818 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change Addition TITLE ☐ Delete NAME. Pupko. Martin STREET ADDRESS 9161 PRISTINE CIR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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 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.

SIGNATURE AND

SIGNATURE: _