2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DOCUMENT # **P96000091070** May 01, 2000 8:00 am Secretary of State TREWAY LAND CORPORATION 05-01-2000 90432 016 ***150.00 Principal Place of Business Mailing Address 450 EAST LAS OLAS BLVD. 450 EAST LAS OLAS BLVD. **SHITE 1500 SUITE 1500** FT. LAUDERDALE FL 33301-2291 FT. LAUDERDALE FL 33301 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 65-0736639 Not Applicable 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 HUIZENGA, H. WAYNE JR Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ANDREWS AVE, 6TH FLOOR FT. LAUDERDALE FL 33301 EAST LAS OLAS BLVD AUDEADALE 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 DATE 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 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD TITI F Change ☐ Addition TITLE Delete HUIZENGA, H. WAYNE JR. NAME NAME STREET ADDRESS 450 EAST LAS OLAS BLVD., 15 FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Change ☐ Addition Delete TITLÉ TITLE PIERCE, WILLIAM M NAME NAME 450 EAST LAS OLAS BLVD., 15 FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33301 CITY-ST-ZIP Change Addition Delete TITLE TITLE Branden, Cris v - -NAME NAME 450 EAST LAS OLAS BLVD., 15 FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33301 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete 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 leport 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 importance 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.