2001 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2001 8:00 am Secretary of State DOQUMENT # P96000096502 1. Entity Name LAKE FOREST OF PORT CHARLOTTE, INC. 01-31-2001 90295 002 ***150.00 Principal Place of Business Mailing Address 3491 TAMIAMI TRAIL 3491 TAMIAMI TRAIL C0013999 PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0717236 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KEDZIORA, JOHN Street Address (P.O. Box Number is Not Acceptable) 3491 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 City Zip Code 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) 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, 2001 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 11. 12. CR2E034 (10/00) ☐ Addition TITLE ☐ Defete Change KEDZIORA, JOHN NAME NAME 3491 TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33952 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition KEDZIORA, JADWOGA NAME NAME 3491 TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33952 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME 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 ☐ Delete ☐ Change ☐ Addition 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:

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