## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 26, 2001 8:00 am Secretary of State DOCUMENT # P9700002794 MWK LAKE BUENA VISTA II. INC. 03-26-2001 90152 050 \*\*\*150.00 Principal Place of Business Mailing Address 7380 SAND LAKE RD 7380 SAND LAKE RD STE 120 **STE 120** ORLANDO FL 32819 ORLANDO FL 32819 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 59-3418317 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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) 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. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE X Change Addition NAME KESSLER, RICHARD C NAME STREET ADDRESS 7380 SAND LAKE RD STE 120 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32821 ☐ Delete Change TITLE TITLE ☐ Addition HARRIS, EDWARD C NAME NAME STREET ADDRESS 58 BLACKLAND RD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ATLANTA GA 30342 TITLE Delete TITLE Change Addition MURVIA, CHRISTOPHER R NAME DEY, JOHN A JR NAME 730 SAND LAKE RD. STE 120 STREET ADDRESS 7380 SAND LAKE RD STE 120 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32821 orlando, FL 32819 ☐ 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

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.

TITLE

NAME

STREET ADDRESS
CITY-ST-7IP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/21/01

407-996-9999

Daytime Phone #

Change

☐ Addition