2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040735 May 15, 2000 8:00 am Secretary of State THE GRAND BOHEMIAN, INC. 05-15-2000 90226 036 ***150.00 Principal Place of Business Mailing Address 6649 WESTWOOD BLVD. #130 6649 WESTWOOD BLVD. #130 ORLANDO FL 32821-6006 ORLANDO FL 32821 04000 3. Mailing Address 7. Principal Place of Business 7.380 Sand Lake Road 7380 Sand Lake Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 120 Sulite 120 Applied For City & State 4. FEI Number City & State 59-3445025 Not Applicable Orlando, FL Orlando, FL Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32819 32819 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T 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 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 Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 П 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 ☐ Delete TITLE KESSLER, RICHARD C NAME 6649 WESTWOOD BLVD. #130 STREET ADDRESS STREET ADDRESS 7380 Sand Lake Road Suite 120 ORLANDO FL 32821 CITY-ST-ZIP CITY-ST-7IP Orlando, FL 32819 Change ☐ Addition ☐ Delete TITLE TITLE DEY JR. JOHN A NAMÉ NAME 7380 Sand Lake Road Suite 120 6649 WESTWOOD BLVD #130 STREET ADDRESS STREET ADDRESS Orlando, FL 32819 ORLANDO FL 32821 CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

with all other like empowered.

SIGNATURE AND FIFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: