FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 23, 2001 8:00 am Secretary of State DOCUMENT # P97000067053 1. Entity Name M.J.W. RECREATION CORPORATION 01-23-2001 90133 012 \*\*\*150.00 Principal Place of Business - \* - . . . Mailing Address 731 JAMESTOWN DRIVE 3700 POMPANO DR., SE 607139 ST. PETERSBURG FL 33705 WINTER PARK FL 32792 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 59-3461256 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -MAHAFFEY, WILLIAM H. Street Address (P.Q. Box Number is Not Acceptable) 731 JAMESTOWN DR. WINTER PARK FL 32792 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP CR2E034 (10/00) Addition TITLE Delete TITLE Change MAHAFFEY, MARK T NAME NAME STREET ADDRESS 3700 POMPANO DR., SE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33705 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAHAFFEY, WILLIAM H NAME NAME STREET ADDRESS 731 JAMESTOWN DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 D Delete ~ D-Change Addition GREENLAW, JONATHAN NAME NAME 731 JAMESTOWN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ 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 gualify 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.

WILLIAM H. MAHAFFEY

TORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 JAN 01

Date

407-677-0650

SIGNATURE: