2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2000 8:00 am Secretary of State DOCUMENT # **P97000067756**. LUXURY HOMES AT WATERCREST, INC. 04-29-2000 90032 001 ***600.00 Mailing Address Principal Place of Business 14323 S. CHUTER40 RD 349 14TH AVENUE SOUTH STE 120 SOUTH NAPLES FL 34102 10756 ST LOUIS MO 63017 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. Applied For 4. FEI Number City & State City & State 59-3469084 Not Applicable Country \$8.75 Additional Zip Country \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILSON, GARY K Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TRAIL NORTH SUITE 400 NAPLES FL 34103 Zip Code City 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Delete TITLE TITLE OUVERSON, THOMAS H NAME NAME 711 18TH AVENUE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Change ☐ Addition TITLE D ☐ Delete TITLE NAME STONE, JOHN NAME STREET ADDRESS **104 BON CHATEAU** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. LOUIS MO 63141 TITLE Change ☐ Addition Delete TITLE STONE, DAVID A NAME NAME STREET ADDRESS 14323 S OUTER 40 ROAD SUITE 120 SO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOWN & COUNTY MO 63017 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26,2000 314-275-401