2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P97000080335

1. Entity Name

Principal Place of Business

2. Principal Place of Business

25250 E. HIGHWAY 316

SALT SPRINGS FL 32134

Suite, Apt. #, etc.

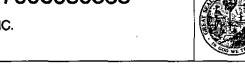
MACKAY, DAVID L

City & State

Zip

SIGNATURE

ELITE RESORTS AT BIG O. INC.



Mailing Address P.O. BOX 5489

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SALT SPRINGS FL 32134

Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90106 038 ***150.00

1	☐ CHECK HERE IF MAKING CHANGES		
	4. FEI Number 59-3470719	Applied For	
	39 34107 19	Not Applicable	
/	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	7. Name and Address of New Registere	ed Agent	
Name .			
Street Addre	ess (P.O. Box Number is Not Acceptable)		

2801 SW COLLEGE RD STE 1 OCALA FL 34474 City

8. The above named entity submits this statement for the purpose of changing its reg	stered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.		

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

- 6.-Name and Address of Current Registered Agent-

Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition MAYER, EDUARD NAME NAME STREET ADDRESS 25250 E. HIGHWAY 316 STREET ADDRESS SALT SPRINGS FL 32134 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIT! F ☐ Change Addition MACKAY, GEORGE L NAME NAME STREET ADDRESS 25250 E. HIGHWAY 316 STREET ADDRESS CITY-ST-ZIP SALT SPRINGS FL 32134 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MAYER, ROBERT NAME STREET ADDRESS 25250 E. HWY. 316 STREET ADDRESS CITY-ST-ZIP SALT SPRINGS FL 32134 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition TITLE Oelete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 10 or Block 11 if

SIGNATURE: