FILED
Jun 19, 2002 8:00 am
Secretary of State
05-24-2002 91354 001 *3,995.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102075

1. Entity Name

Cinnamon Cove GP #26, LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5601 Windhover Dr.
Suite, Apt. #, etc.
City & State
Orlando, FL
Zip 32819 Country

3. Mailing Address
5601 Windhover Dr.
Suite, Apt. #, etc.
City & State
Orlando, FL
Zip 32819 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3488682 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Street
Michael Marder
135 W. Central Blvd. Suite 1100
Orlando, FL 32801
City FL 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: _____

9. The undersigned is aware that it may be subject to the penalty of the Federal Trademark and Patent Act of 1946 ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Electronic Digital Signature Supporting Trust Fund Contribution ☐ $5.00 Additional Fee

11. OFFICERS AND DIRECTORS

TITLE D NAME David A. Siegel STREET ADDRESS 5601 Windhover Drive CITY-ST-ZIP Orlando, FL 32819	TITLE T NAME Thomas F. Dugan STREET ADDRESS 5601 Windhover Drive CITY-ST-ZIP Orlando, FL 32819
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DO NOT WRITE IN THIS SPACE

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 in an attachment with an address, with all other like empowered.

SIGNATURE: Thomas F. Dugan 4/29/02 Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Capacity/Title