2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102170

1. Entity Name
MAGNOLIA POINTE, INC.

FILED
00 MAR 10 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3200 SOUTH HIAWASSEE ROAD.,S TE 206 ORLANDO FL 32835	P.O. BOX 4961 ORLANDO FL 32802-4961

2. Principal Place of Business	3. Mailing Address
800 N. HIGHLAND AVE.	
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State
Zip: 32803 / Country: USA	Zip / Country

4. FEI Number 59-3491105 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N. ORANGE AVE. SUITE 1100 ORLANDO FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City

900003204403--2
-04/11/00--01118--012
****150.00 FL ****150.00

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	TUTTLE, MILLS L		NAME	
STREET ADDRESS	3200 SOUTH HIAWASSEE ROAD.,S TE 206		STREET ADDRESS	800 N. HIGHLAND AVE., SUITE 200
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VPAS	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MCKINNEY, EUGENE J		NAME	
STREET ADDRESS	3200 SOUTH HIAWASSEE ROAD.,S TE 206		STREET ADDRESS	800 N. HIGHLAND AVE., SUITE 200
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VPAT	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LAWLER, THOMAS P		NAME	
STREET ADDRESS	3200 SOUTH HIAWASSEE ROAD.,S TE 206		STREET ADDRESS	800 N. HIGHLAND AVE., SUITE 200
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VPT	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	WILLNER, DAVID M		NAME	
STREET ADDRESS	3200 SOUTH HIAWASSEE ROAD.,S TE 206		STREET ADDRESS	800 N. HIGHLAND AVE., SUITE 200
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VPC	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	PEISNER, ERIC		NAME	
STREET ADDRESS	3300 SOUTH HIAWASSEE ROAD., STE 107		STREET ADDRESS	800 N. HIGHLAND AVE., SUITE 200
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP	ORLANDO, FL 32803
TITLE		☐ Delete	TITLE	P ☐ Change ☒ Addition
NAME			NAME	KROPP, STEVEN G.
STREET ADDRESS			STREET ADDRESS	800 N. HIGHLAND AVE., SUITE 200
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32803

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.

SIGNATURE: SIGNATURE REQUIRED — 3-1-00 — 407/297-1600
STEVEN G. KROPP, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)