## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED DOCUMENT # P98000024221 Apr 26, 2000 8:00 am Secretary of State HIC CLOVERLEAF, INC. 04-26-2000 90164 045 \*\*\*150.00 Principal Place of Business Mailing Address 3067 LAHLOR LANE 3067 LAMEOR LANE PALM HARBOR FL 34684-1779 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address US HWY 2616\_US Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Holiday Applied For 4. FEI Number 59-3517889 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 34691 4691 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Harald BERG BERG, HARALD Street Address (P.O. Box Number is Not Acceptable) 3922 Star Tsland 3067 LAHLOR LANE Tsland PALM HARBOR FL 34684 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 (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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITLE BERG, HARALD Berg NAME HARALD NAME STAR ISLAND DRIVE 3067 LAHLOR LANE STREET ADDRESS 3922 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 HOLIDAY, FL 3469<u>1</u> Change ☐ Addition TITLE ☐ Delete BERG, INGRID NAME BERG , INGRIO 3922 SFAR ISLAND DR. STREET ADDRESS 3067 LAHLOR LANE STREET ADDRESS HOLIDAY FL 34691 PALM HARBOR FL 34684 CITY-ST-ZIP CITY-ST-ZIP ST ... - - - - -TITLE 7 Delete TITLE BERG, CORDELIA BERG, CORDELIA NAME NAME 3922 STAR ISLAND DR. STREET ADDRESS 3067 LAHLOR LANE STREET ADDRESS PALM HARBOR FL 34684 HOLIDAY , FL 34691 CITY-ST-ZIP CITY-ST-7/P Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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