Daytime Phone #

ଂ2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTER

SIGNATURE:

Mar 26, 2001 8:00 am DOCUMENT # P98000040406 **Secretary of State** 1. Entity Name BBG OF CENTRAL FLORIDA, INC. 03-26-2001 90164 014 ***150.00 Principal Place of Business Mailing Address 11301 ZODIAC DRIVE 11301 ZODIAC DRIVE ORLANDO FL 32837 ORLANDO FL 32837 100401 2. Principal Place of Business 3. Mailing Address 5761 South Orange Blosson TRAIL DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3512407 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOTT, ORVILLE S Street Address (P.O. Box Number is Not Acceptable) 11301 ZODIAC DRIVE ORLANDO FL 32837 City 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 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, 2001 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 ☐ Delete ☐ Change Addition TITLE TITLE **GOTT. ORVILLE S** NAME NAME STREET ADDRESS STREET ADDRESS 11301 ZODIAC DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Dolete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

ICER OR DIRECTOR