FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 01, 2000 8:00 am Secretary of State DOCUMENT # **P98000050743** 1. Entity Name 05-01-2000 90413 011 ***150.00 WINTER PARK POINTE INC. Principal Place of Business Mailing Address 800 CASHGHT CIRCLE SOMORAN PARK - - 800 CASHGHT-CIRCLE WINTER PARK FL 32792 WINTER PARK FL 92792 649023 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. :00 Semoran Park Drive 49 Wymore Rd Suite 50f Applied For 4. FEI Number City & State 59-3520840 Not Applicable Itamonte. \$8.75 Additional 5. Certificate of Status Desired 39 -Fee-Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ABRIOLA, GARY Street Address (P.O. Box Number is Not Acceptable) 5013 BERMUDA CIRCLE ORLANDO FL 32808 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. OCAL NAME TIM F ☐ Change ☐ Addition PD Delete TITLE ABRIOLA, ANTHONY V NAME NAME STREET ADDRESS STREET ADDRESS **5013 BERMUDA CIRCLE** CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 ☐ Change ☐ Addition ☐ Delete TITLE TITLE מצ NAME NAME ABRIOLA, VIOLET E STREET ADDRESS STREET ADDRESS **5013 BERMUDA CIRCLE** CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 ☐ Change ☐ Addition ☐ Delete TITLE DT TITLE NAME NAME ABRIOLA, DENNIS J STREET ADDRESS STREET ADDRESS 5013 BERMUDA CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 Change ☐ Addition ☐ Delete TITLE TITLE Ð NAME NAME ABRIOLA, RONALD V STREET ADDRESS STREET ADDRESS **5013 BERMUDA CIRCLE** CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME ABRIOLA, ANTHONY D STREET ADDRESS STREET ADDRESS **5013 BERMUDA CIRCLE** CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME ABRIOLA, GARY STREET ADDRESS STREET ADDRESS **5013 BERMUDA CIRCLE** CITY-ST-ZiP CITY-ST-ZIP ORLANDO FL 32808 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.

Daytime Phone #