2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 22, 2000 8:00 am Secretary of State DOCUMENT # **P98000063677** CASTLEROCK HOME FUNDING CORPORTION 04-22-2000 90111 050 ***150.00 Principal Place of Business Mailing Address 2277 LEE ROAD 2277 LEE ROAD SUITE 200 SHITE 200 WINTER PARK FL 32789 WINTER PARK FL 32789-7207 2. Principal Place of Business 3. Mailing Address 2300 Lee Road 2300 Lee Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3531351 Not Applicable Winter Park, FL 📜 🌫 Winter Park, FL [1] Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 32789 USA 32789 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DYE, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 2277 LEE ROAD 2300 Lee_Road SUITE 200 WINTER PARK FL 32789 Zip Code 32789 Winter Park 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 DATE (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 OFFICERS AND DIRECTORS 11. 12. DPS ☐ Addition Delete TITLE TITLE DYE, RICHARD A NAME NAME STREET ADDRESS 2277 LEE ROAD, SUITE 200 2300 Lee Road STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP Winter Park, FL 32789 X Change ☐ Addition ☐ Delete TITLE NAME KALIN, B. MICHAEL NAME STREET ADDRESS 2277 LEE RD., SUITE 200E STREET ADDRESS 2300 Lee Road CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP Winter Park, FL 32789 Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

407-644-0200

Daytime Phone #