2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 04, 2000 8:00 am Secretary of State DOCUMENT # P98000069429 CANDLER ROAD DEVELOPMENT CORPORATION 03-04-2000 90023 037 ***150.00 Principal Place of Business Mailing Address 2152 14TH CIRCLE NORTH 2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713-4059 ST. PETERSBURG FL 33713 3. Malling Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. Applied For City & State City & State 4. FEI Number 59-3527390 Not Applicable Ζiρ Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHERER, CLARK H III Street Address (P.O. Box Number is Not Acceptable) 2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713 City Zip Code FL 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Addition Delete TITLE TITLE SCHERER, CLARK H III NAME NAME STREET ADDRESS 2152 14TH CIRCLE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33713 ☐ Addition Change TITLE ☐ Delete TITLE NAME AGUIRRE, FRED C NAME STREET ADDRESS 131 ROSWELL STREET, SUITE B-1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALPHARETTA GA 30004 ☐ Addition Delete TITLE Change TITLE NAME SERTICH, LARRY NAME 131 ROSWELL STREET, SUITE B-1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALPHARETTA GA 30004 CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete DIDE 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 eath; 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

with all other like empowered

changed, or on an attachment with an