2001 UNIFORM BUSINESS REPORT (UBR)

Mar 21, 2001 8:00 am DOCUMENT # P98000079261 **Secretary of State** 1. Entity Name MRZ WOODLAND, INC. 03-21-2001 90050 013 ***150.00 Principal Place of Business Mailing Address 1600 N. ORANGE AVENUE 1600 N. ORANGE AVENUE ORLANDO FL 32804 ORLANDO FL 32804 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3534351 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current-Registered Agent-7:- Name and Address of New Registered Agent-SWANN & HADLEY, P.A. Street Address (P.O. Box Number is Not Acceptable) 1031 WEST MORSE BOULEVARD **SUITE 270** WINTER PARK FL 32789 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) DATE 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 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE ZUCKERMAN, GREGG I NAME NAME STREET ADDRESS STREET ADDRESS 1600 N. ORANGE AVENUE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 TITLE ☐ Delete TITLE ☐ Addition NAME RILEY, JOHN A NAME STREET ADDRESS STREET ADDRESS 1600 N. ORANGE AVENUE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 Delete ☐ Change Addition TITLE TITLE 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 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND HIPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/61

107-898-6999

Daytime Phone #