2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P98000101881 THE LANDINGS OF VOLUSIA, INC. 04-10-2001 90070 029 ***150.00 Principal Place of Business Mailing Address 106 FOX CHASE COURT 106 FOX CHASE COURT DEBARY FL 32713 DEBARY FL 32713 2. Principal Place of Business 3. Mailing Address Island Way 140 Island 140 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #292 Applied For 4. FEI Number 59-3548294 learwater Not Applicable \$8.75 Additional 5. Certificate of Status Desired U.SA. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PREWETT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA RD. SOUTH SARASOTA FL 34233 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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. CR2E034 (10/00) PSTD THILE ☐ Delete TITLE **BOURKE, ROBERT** NAME 140 Island Way, #292 Clearwater, FL 33767 106 FOX CHASE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 CITY-ST-7IP Delete TITLE TITLE **BOURKE, DELLA** NAME NAME 106 FOX CHASE COURT STREET ADDRESS STREET ADDRESS DEBARY FL 32713 CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Delete ☐ Change . ☐ Addition NAME . STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 the empowered. changed, or on an attachment with an address, with all other