## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED** DOCUMENT # **P99000000922** May 04, 2000 8:00 am Secretary of State 1. Entity Name OWL PROPERTIES AT LWR. INC. 05-04-2000 90183 003 \*\*\*150.00 Principal Place of Business Mailing Address 1776 RINGLING BOULEVARD 1776 RINGLING BOULEVARD SARASOTA FL 34236 SARASOTA FL 34236-6836 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4, FEI Number Applied For City & State Not Applicable Country Zip Zip 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 OLSON, PAUL E Street Address (P.O. Box Number is Not Acceptable) 1776 RINGLING BOULEVARD SARASOTA FL 34236 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) 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PRES, SEC., DIR. TOHN T. COX 1776 RINGCING BLVO. ☐ Addition Delete TITLE TITLE 27NG BLVO. NAME NAME STREET ADDRESS STREET ADDRESS 34236 CITY-ST-ZIP CITY-ST-7P Change Addition lretar: ☐ Delete TITLE TITLE NAME NAME BLVO. STREET ADDRESS STREET ADDRESS 342*36* CITY-ST-ZIP CITY-ST-ZIF ARAS OTA IRELTOR [7] Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE 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 13. I hereby certify that the information supplies 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 leport 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 try size samp wered to secure in streeport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CR2E034 (9/99)

Daytime Phone #