## 2000 UNIFORM BUSINESS REPOR UBR)

## FILED DOCUMENT # P9900001371 Jun 05, 2000 8:00 am Secretary of State 1. Entity Name WINDERMERE PROPERTY DEVELOPMENT. INC. 05-11-2000 90262 019 \*\*\*150.00 Mailing Address Principal Place of Business 9801 LAKE NONA RD. P.O. BOX 8800 WINDERMERE FL 34786-0880 ORLANDO FL 34786 2. Principal Place of Business 3. Mailing Address 200 SOUTH ORANGE AVE DO NOT WRITE IN THIS SPACE Suite Ant # etc Suite, Apt. #, etc. 2300 Applied For 4. FEI Number 59-3553567 City & State City & State ORLANDO FL Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 32801-3455 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name A.G.C. CO. Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE., STE. 2300 ORLANDO FL 32801-3432 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 X Change ☐ Delete TITLE DPS TITLE VOSS, JEFFERSON R NAME NAME voss, jefferson P.O. BOX 8800 N/A STREET ADDRESS STREET ADDRESS 6100 PAYNE STEWART DRIVE CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 WINDERMERE FL. 34786. Change ☐ Addition ☐ Dalete TITLE TITLE SILVERTON, VIVIENNE NAME NAME SILVERTON, VIVIENNE P.O. BOX 8800 STREET ADDRESS STREET ADDRESS 6100 PAYNE STEWART DRIVE WINDERMERE FL 34786 CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS 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 TITLE ☐ Delete THE

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

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

changed, or on an attachme with all other like empowered

SIGNATURE:

NAME STREET ADDRESS

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☐ Delete

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