FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am DOCUMENT # P99000007831 **Secretary of State** 1. Entity Name LAUREL OAK LIFESTYLES REALTY, INC. 02-15-2001 90053 008 ***150.00 Principal Place of Business Mailing Address 7751 BEE RIDGE ROAD 7751 BEE RIDGE ROAD 60021793 SARASOTA FL 34241 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FFI Number 65-0887347 Not Applicable Zip Country Country Zip \$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 DOOLEY, DWIGHT Street Address (P.O. Box Number is Not Acceptable) 7751 BEE RIDGE ROAD SARASOTA FL 34241 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 11. 12. PDT CR2E034 (10/00) ☐ Addition TITLE □ Delete TITLE ☐ Change DOOLEY, LINDA S NAME NAME STREET ADDRESS 7751 BEE RIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34241 ۷D TITLE ☐ Delete TITLE ☐ Change Addition CALLEJA, JEAN NAME NAME STREET ADDRESS STREET ADDRESS 3926 SHADY GLEN LANE CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34241 Change ☐ Addition TITLE Delete TITLE NAME BEITLICH, PAUL D NAME STREET ADDRESS STREET ADDRESS 2033 MAIN STREET #101 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34237 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition 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 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.

SIGNATURE

ASTO LA DE LA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNA

President

2-12-01

371-7653

Daytime Phone