## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 02, 2000 8:00 am DOCUMENT # P99000021859 1. Entity Name Secretary of State CRAZY HORSE OF WINTER HAVEN, INC. 06-30-2000 90001 020 \*\*\*150.00 08-02-2000 90148 011 \*\*\*400.00 Mailing Address Principal Place of Business 400 ORCHID SPRINGS 400 ORCHID SPRINGS WINTER HAVEN FL 33884-1648 WINTER HAVEN FL 33884 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Sulte, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3563426 Not Applicable \$8.75 Additional Country Country 5\_Certificate of Status Desired . \_ \_ \_ \_ \_ \_\_\_\_\_ Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) KNUTH, NANCY M 400 ORCHID SPRINGS WINTER HAVEN FL 33884 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 DATE . (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Change TITLE DPS Delete TITLE NAME KNUTH, NANCY M č MAME STREET ADDRESS 160 GREENFIELD ROAD STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP Addition Change TITLE ☐ Detete MILE KNUTH, WILLIAM L NASAF NAME STREET ADDRESS 160 GREENFIELD ROAD STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP ☐ Addition ☐ Change BILE ☐ Delete TIBE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP Addition ☐ Change TITLE Delete TITLE 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

\*\*NAMCY Y. KNUTH\*\*

\*\*NAMCY Y. KNUTH\*\* CITY-51-78P

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CITY-ST-7/P

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