2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 27, 2000 8:00 am DOCUMENT # P99000024682 **Secretary of State** ASA PROPERTIES, INC. 05-10-2000 90098 025 ***150.00 Mailing Address Principal Place of Business 260 DONALD DRIVE 260 DONALD DRIVE WINTER GARDEN FL 34787-2819 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name KNAPP, ARTHUR D_ Street Address (P.O. Box Number is Not Acceptable) 260 DONALD DRIVE WINTER GARDEN FL 34787 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 (NOTE: Registered Agent alguature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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, 2000 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 12. 11. ☐ Change ☐ Addition Delete TITLE TITLE KNAPP, ARTHUR D III NAME NAME STREET ADDRESS STREET ADDRESS 260 DONALD DRIVE CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 Change ☐ Addition ☐ Delate TITLE TITLE **ELIAS, SCOTT** NAME NAME 260 DONALD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP_ CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Change TITLE Oelete TITLE ELIAS, ANNA M MARKE STREET ADDRESS 260 DONALD DRIVE STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP WINTER GARDEN-FL-34787 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCTY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of the receiver of Justee 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.