2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2000 8:00 am Secretary of State DOCUMENT # P99000032933 COUNTRY CLUB LEASING CORP. 02-21-2000 90036 010 ***150.00 Principal Place of Business Mailing Address 25 S.E. SECOND AVENUE 25 S.E. SECOND AVENUE SHITE 710 SUITE 710 MIAMI FL 33131 MIAMI FL 33131-1602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0926143 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PREUSS, WERNER Street Address (P.O. Box Number is Not Acceptable) 25 S.E. SECOND AVENUE **SUITE 710 MIAMI FL 33131** 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, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Addition TITLE ☐ Change TITLE ☐ Delete BOVINO, JERALD A NAME NAME STREET ADDRESS 2529 INLANDS COURT STREET ADDRESS CITY-ST-ZIP TOLEDO OH 43615-2287 CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE **BOVINO, ESTER P** NAME NAME 2529 INLANDS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TOLEDO OH 43615-2287 CITY-ST-ZIP Change Addition Delete TITLE PREUSS. WERNER P NAME NAME 25 S.E. SECOND AVENUE, #710 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Addition ☐ Delete TITLE Change $T(T) \in$ PREUSS, JUTTA NAME NAME 25 S.E. SECOND AVENUE, #710 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET AGORESS 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 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

SIGNATURE:

changed, or on an attachment with an address