

**DOCUMENT # P99000039519**

1. Entity Name

**COTTAGE GATES OF MANDARIN (FL), INC.**

04-03-2000 90169 037 \*\*\*150.00

Principal Place of Business	Mailing Address
4215 SOUTHPOINT BLVD., STE. 100 JACKSONVILLE FL 32216	4215 SOUTHPOINT BLVD., STE. 100 JACKSONVILLE FL 32216-6191

2. Principal Place of Business P.O. Box 551260 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 551260 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		4. FEI Number <b>59-3581447</b>		Applied For	
						Not Applicable	
Zip <b>32255</b>		Country		Zip <b>32255</b>		Country	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHNEIDER, MICHAEL N 100 NATIONAL FINANCIAL BUILDING 4215 SOUTHPOINT BLVD. JACKSONVILLE FL 32216	Name <u>Michael N. Schneider</u> Street Address (P.O. Box Number is Not Acceptable) <u>5150 Belfort Road</u> <u>Building 100</u> City <u>Jacksonville</u> FL <u>32256</u>

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 Paul T. White (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center"><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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[illegible]

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: *James Allen* 22-18-00 904-2682198  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #