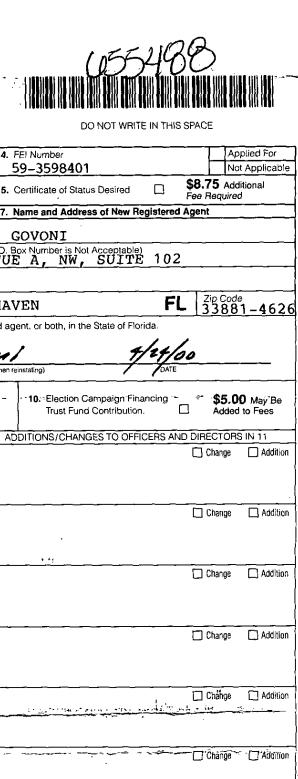
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000040363** TRIPLE CROWN PROPERTY MANAGEMENT, INC.

FILED	
May 10, 2000 8:00 a:	m
Secretary of State	

05-10-2000 90145 034 ***150.00



Principal Place of Business Mailing Address + # 5TH 6TREE下 MV+ 8UFF E-180 .. STIT STREET NVF. SUFFE HOD HAVENLEL 22881 -WINTER: HAVEN #1-33661 #642 الله العالم 2. Principal Place of Business 3. Mailing Address 9140 US HWY 192 505 AVENUE A, NW, SUITE 102 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State CLERMONT, FLORIDA WINTER HAVEN. FIORIDA Country 5. Certificate of Status Desired 34711 USA 33881-4626 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRIAN R. GOVONI, BRIAN R Street Address (P.O. Box Number is Not Acceptable) 505 AVENUE A, NW, SUITE 141 5TH STREET NW, SUITE 100 WINTER HAVEN FL 33881 WINTER HAVEN 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. Delete TITLE TITLE EDWARDS, DAVID NAME NAME 139 PINE LAKE VIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DAVENPORT FL 33837 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE 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 his 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:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE-NAME

STREET ADDRESS

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EDWARDS