2000 UNIFORM BUSINESS REPORT (UBR)

2/28/00-90067-044-\$150.00-\$150.00 DOCUMENT # P99000057123 FILED 1. Entity Name GDS-MAGNOLIA PLANTATION, INC. 00 MAR 23 AM 9: 21 Principal Place of Business': Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 7232 W. SAND LAKE ROAD, SUITE 200 7232 W, SAND LAKE ROAD. SUITE 200 ORLANDO FL 32819-5254 ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FINKBEINER, FRANK G ATTY Street Address (P.O. Box Number is Not Acceptable) 7232 W. SAND LAKE ROAD, SUITE 200 ORLANDO FL 32819 Zio Code City FL 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) Signature, typed or printed name of registored 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. CR2E034 (9/99) Vies. ☐ Change Addition TITI F Bymn, Edward TITLE Delete FINKBEINER, FRANK G NAME NAME suite acu 105 E. ROBINSON STREET, SUITE 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32801 Or modus Addition TITLE V. Pres ☐ Change ☐ Delete TITLE Bigner, Marie NAME NAME 5921- WISHPIAK PK. STREET ADDRESS STREET ADDRESS Ormo, 12 32819 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITI S NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZU -Œ Change Addition ☐ Delete TITLE TITLE" NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE □ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP

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 received or rustee 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 attach contribution of the received of the corporation of the received of the recei

SIGNATURE

Daytime Phone &

DOCUMENT # P97000 (4910)				FILED HACKMEN	
COMP OPTIONS INSURANCE COMPANY, INC.				00 MAR 23 AM 10: 27	
Principal Place of Business Mailing Address				SECRETARY OF STATE	
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SUITE 200 SUITE 200					
JACKSONVILLE, FL 32256 JACKSONVILLE, F			LLE, FL 322	56 B002775	3
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	,	City & State		4. FEI Number 59-3433503	Applied For
Zip ·	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable 8.75 Additional
' 6. Name ≀	and Address of Current F	 Registered Agent	i I	7. Name and Address of New Registered A	ee Required
. 25-		-	- Name -	- Tana	·
STATE TREASU	RER AND INSU	JRANCE COMMIS	SIONER Addres	s (P.O. Box Number is Not Acceptable)	
THE CAPITOL					
TALLAHASSEE,	FL 32399-0	300			
			City	FL	Zip Code
3. The above named entity	submits this statement for	the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida.	Ι ,
SIGNATURE Spinature broad or	printed name of registered agent an	TOM street a district	. Registered Agent signature requ		
		The section of the se	nagistareu Agant Signalure Iequ	ined when reinstating) DATE	
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