2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 16, 2000 8:00 am Secretary of State DOCUMENT # P9900068031 1. Entity Name ARCADIA LAND VENTURES, INC. 05-09-2000 90089 040 ***150.00 Principal Place of Business Mailing Address THE MCCLURE COMPANY. INC. THE MCCLURE COMPANY, INC. 405 CENTRAL AVE., SUITE 303 405 CENTRAL AVE., SUITE 303 ST. PETERSBURG FL 33701-3839 ST. PETERSBURG FL 33731 2. Principal Place of Business 3. Mailing Address 405 Central Ave Suite 303 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For F 59-3632328 Not Applicable \$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 SCOTT, ALAN F JR. Street Address (P.O. Box Number is Not Acceptable) 411 NORTHLAKE CT., APT-B N. PALM BCH FL 33408 Zip 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 Signature, typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. N.4.1.11. X Addition TITLE Change ☐ Delete TITLE It Richard mcclure NAME NAME 405 ad Ave NE, PO BOX 114 STREET ADDRESS STREET ADDRESS St. Petersburg, Fi 33701 33731 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE william Harrey NAME NAME lible su cassine Ct STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TIME ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete : TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE

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 of 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

