2000 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # **P99000071073** GENERAL DIVERSIFIED CORP. 05-04-2000 90126 022 ***150.00 Mailing Address Principal Place of Business 4400 PGA BOULEVARD 4400 PGA BOULEVARD SUITE 505 SUITE 505 PALM BEACH GARDENS FL 33410-6558 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address <u>2000 PGA Blvd</u> <u> 2000 PGA Bl*v*d</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. <u>Suite 4410</u> Suite 4410 Applied For 4. FEI Number City & State Not Applicable N. Palm Boach N Palm Beach FL \$8.75 Additional 5. Certificate of Status Desired Fee Required 33408-2738 33408 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HACKNEY, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 4400 PGA-BOULEVARD 2000PGA Blvd. Suite 4410 SUITE_505 N. Palm Beach, FL PALM-BEACH-GARDENS-FL-33410 33408-2738 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing 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. 12. TITLE ☐ Delete TITLE Change MILLER, DONALD W NAME NAME 2000 PGA Blvd., Suite 4410 STREET ADDRESS 4400 PGA-BOULEVARD, SUITE 505-STREET ADDRESS N. Palm Beach, FL 33408-2738 CITY-ST-ZIP CITY-ST-ZIP PALM-BEACH-GARDENS FL-33410 Delete TITLE Change TITLE HACKNEY, ROBERT C NAME NAME 2000 PGA Blvd., Suite 4410 STREET ADDRESS 4400 PGA BOULEVARD, SUITE 505 STREET ADDRESS N. Palm Beach, FL 33408-2738 CITY-ST-ZIP CITY-ST-7IP -PALM-BEACH-GARDENS FL-33410 ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND

4/28/00

561-627-0677