## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 13, 2000 8:00 am Secretary of State P99000076892 **DOCUMENT #** Sawgrass Bend, Inc 07-13-2000 90017 004 \*\*\*150.00 Mailing Address PD Box 811135 3299 NW 2 Que #200 Boca Ratow, FL 33431 Bocalaton FL 33481 ADD67644 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ~ KUSTINE David A Street Address (P.O. Box Number is Not Acceptable) 3299 NW 2 Que #200 Bocalaton, PL 33431 Zip Code 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) FILE-NOWIII 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete\_ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Addition ☐ Change ☐ Defete TITLE HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 life empowered.

SIGNATURE: Law o Musto - Pres

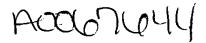
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/0D

54-997-8000

Daytime Prione #





## Sawgrass Bend, Inc.

P.O. Box #811135 Boca Raton, FL 33481-1135 (561)997-8000 Fax (561)241-1400

July 6, 2000

Uniform Business Report Division of Corporations PO Box 1500 Tallahassee, FL. 32302-1500

Dear Sirs:

Enclosed is check #125 in the amount of \$150.00 for the Uniform Business Report for Sawgrass Bend, Inc., FEI# 65-0951909. We never received a form for this company and had to request one be sent to us. That is the reason for payment being made at this time.

Please feel free to contact me if you should have any questions.

Sincerely,

David A. Rustine

President

DAR/pmt

Via Regular Mail