2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000081208** May 31, 2000 8:00 am Secretary of State SEVILLE HARBOUR CONDOMINIUMS, INC. 05-03-2000 90127 025 ***150.00 Principal Place of Business Mailing Address 125 W ROMANA STREET STE 224 125 W ROMANA STREET STE 224 PENSACOLA FL 32501 PENSACOLA FL 32501-5849 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOZIER, DANIEL R Street Address (P.O. Box Number is Not Acceptable) 125 W ROMANA STREET STE 224 PENSACOLA FL 32501 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \Box 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. CR2E034 (9/99) TITLE ☐ Delete TITLE Addition President / Director NAME Ray D. Russenberger 32501 STREET ADDRESS STREET ADDRESS B15 5. Palator Place, Ponsacdo, Fi CHTY-ST-ZIP CITY-ST-ZIP Addition | TITLE Vice President/Secretary TITLE Change NAME NAME Treasurer/Director STREET ADDRESS STREET ADDRESS Douglas C. Halford CITY-ST-ZIP CITY-ST-ZIP Pensacola, PL 32501 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CMY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete nn e TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 like empowered.

SIGNATURE: ACMAN MERCEN

4/24/00

850)432-06-42 Daying Phone #