FILED Sep 18, 2001 8:00 am Secretary of State

| BARBARE | | TCLUB, INC. | | | | | | 09-18-200 | • | 01 ***558 | | <u> </u> |
|---|---|--|--|--------------------------------------|---|--|--|--|--|--|---|--------------|
| 542 U-U SEAE | e of Business BREEZE BOULE ACH FL 32118 | /ARD | Mailing Address 10426 POINTVIEW COURT ORLANDO FL 32836 | | | | • | | | | | |
| 2. Principal P 542 - Suite, Apt. | | ss brcezeBN | 3. Mailing Address P.O. BOX 2 Suite, Apt. #, etc. | 9171 | 8 | | | DO NOT W | /RITE IN THIS | , 100 91 11 010 U 1141 | | |
| City & Stat | e Dea | ch, FĽ | Portorange FL | | | 4 | 4. FEI Number 59-3598001 | | | A | Applied For | |
| Jaytor 3211 | | Country USA | Zip 32129 | , | | | 5. Certificate of Status Desired | | | \$8.75 Additional Fee Required | | |
| | | nd Address of Curren | rregistered Agent | | Street A | Jeri | J. Box Numb S. K. | er is Not Accepta | | Ave. | | - |
| 8. The above | 13 63 | submits this statement for | or the purpose of changing it Tekk t and title if applicable. (NO | Ч | ed office of B. W | registered ells | agent, or bo | th, in the State of | | 3101 | | |
| Tax filling r | | le to satisfy its Intangible delects to do so. | FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750 Make Check Payable to Department of Sta | | | e \$750.00 | 1 | ection Campaign ust Fund Contribu | | | 00 May Be d to Fees | |
| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GARDNER, 10426 POIN ORLANDO I | TVIEW CT | DIRECTORS Delete | | | P | | CHANGES TO C Krenn Lbreez Beach | | Change | RS IN 11 | 2E034 (5/01) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | E | | - | | , - | ☐ Change | ☐ Addition |] 8 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | i comment and and a | Zamentiturisan - y | | . • • | Change_ | Addition - | ••• |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | _ | | | | | Change | ☐ Addition | • |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ Delete | | | | | | | ☐ Change | Addition | |
| 13. I hereby of indicated of the cor | certify that the i on this report poration or the | nformation supplied with supplied with supplemental report in receiver progressions. | h this filing does not qualify for s true and accurate and that sowered to execute this repor | or the exe my signa t as requi | mption stat ture shall h red by Cha | ted in Section have the same apter 607, Fl | on 119.07(3) ne legal effe orida Statute | (i), Florida Statute of as if made und es; and that my n | es. I further ce er oath; that I ame appears | ertify that the i am an office in Block 11 o | nformation r or director or Block 12 if | |

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 3 0 1 (386) 258-5541 Date Daytime Phone #