

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000085299****1. Entity Name**

TREEHOUSE ADVENTURES UNLIMITED, INC.

Principal Place of Business

1723 WIND HARBOR DR

ORLANDO
32809

FL

Mailing Address

1723 WIND HARBOR DR

ORLANDO
32809

FL

2. Principal Place of Business

9401 W. COLONIAL DR. #604

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCOE

FL

City & State**4. FEI Number****59-3600239****Applied For****Not Applicable****Zip**
34761**Country****Zip****Country****5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCHEVALIER GREGORY P
1723 WIND HARBOR DRORLANDO
32809

FL

7. Name and Address of New Registered Agent**Name**

CHEVALIER GREGORY P

Street Address (P.O. Box Number is Not Acceptable)

1723 WIND HARBOR RD.

City
ORLANDO**FL****Zip Code**
32809**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 GREGORY P. CHEVALIER****09/12/2000**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.**☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****TITLE** D ☐ Delete
NAME CHEVALIER GREGORY P
STREET ADDRESS 1723 WIND HARBOR DR
CITY-ST-ZIP ORLANDO FL 32809**TITLE** D ☐ Delete
NAME CHEVALIER MELINDA S
STREET ADDRESS 1723 WIND HARBOR DR
CITY-ST-ZIP ORLANDO FL 32809**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** D ☒ Change ☐ Addition
NAME CHEVALIER GREGORY P
STREET ADDRESS 1723 WIND HARBOR RD.
CITY-ST-ZIP ORLANDO FL 32809**TITLE** D ☒ Change ☐ Addition
NAME CHEVALIER MELINDA S
STREET ADDRESS 1723 WIND HARBOR RD.
CITY-ST-ZIP ORLANDO FL 32809**TITLE** ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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 like empowered.****SIGNATURE:** Melinda S. Chevalier

D 09/12/2000