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## 2001 UNIFORM BUSINESS, REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## May 14, 2001 8:00 am DOCUMENT # P99000099055 Secretary of State SOLIVITA AT POINCIANA RECREATION, INC. 05-14-2001 90231 020 \*\*\*158.75 Principal Place of Business Mailing Address 201 ALHAMBRA CIRCLE PO BOX 026000 12TH FLOOR MIAMI FL 33102 00051181CORAL GABLES FL 33134 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0971586 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KERRIGAN, JUANITA I Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134 Zin Code City 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 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, 2001 Fee will be \$550.00 П 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. X Addition ☐ Delete TITLE Pevy, Michael NAME FELS, JONATHAN 201 Alhambra Cir., 12th Floor STREET ADDRESS STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FLOOR CITY-ST-ZIP CITY-ST-ZIP Coral Gables, FL 33133 CORAL GABLES FL 33134 TITLE ☐ Delete TITLE ☐ Change Addition NAME COHEN, HAROLD NAME STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 TITLE Delete TITLE Change Addition RUBIN, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FLOOR CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 TITLE ☐ Delete TITLE ☐ Change Addition CORNERS, JOHN NAME STREET ADDRESS STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FLOOR CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 X Change VŢ TITLE ☐ Delete TITLE Addition MCNAIRY, CHARLES L NAME NAME STREET ADDRESS STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FLOOR CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☐ Addition ☐ Delete TITLE TITLE KERRIGAN, JUANITA I NAME NAME STREET ADDRESS STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FLOOR CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 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