2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

May 26, 2000 8:00 am Secretary of State DOCUMENT # **P99000103929** LAKE HART PROPERTY MANAGEMENT COMPANY, INC. 05-26-2000 90097 024 ***150 00 Principal Place of Business Mailing Address 100 LAKE HART DR. 100 LAKE HART OR. ORLANDO FL 32822-0100 ORLANDO FL 32822-0100 3. Mailing Address 2. Principal Place of Business OOLAKE HARTDR.-21-00 ORLANDO, EL Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Not Applicable ORLANDO Country \$8.75 Additional Zip 5. Certificate of Status Desired 么 ORANGE Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent A. CNMMIN KASPER, DENNIS R JW DITH CHMMINS JUDITH Street Address (P.O. Box Number is Not Acceptable) 100 LAKE HART DR. - 21-00 ORLANDO FL 32822-0100 City ORKANDO Zip Code **32**832 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. FILE NOW!!! 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 12. 11. PRESIDENT William R. BRIGHT 100 LAKE HART DRIVE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS ORLANDUFL 32832 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT ☐ Addition ☐ Change ☐ Delete TITLE TITLE. STEPHEN B. DOWELASS NAME NAME 100 LAKE HART DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP SERETARY BRUCE BUDDER Change ☐ Addition TITLE NAME NAME 10WRIGHT STREET STREET ADDRESS STREET ADDRESS WestpORT, CT. 06880 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TREASURER Change ☐ Delete TITLE BRNCE BUNNER TITLE NAME NAME IOWRIGHT STREET STREET ADDRESS STREET ADDRESS Westpirt CT 66880 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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-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.

FILED