2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

						A 1 3 (3) - (3) - (3)		
DOCUMENT # S02665  1. Entity Name CORONADO REAL ESTATE, INC.						APPROVEL AND FILED		
							00	
					4	00 MAR 20 AM 8:	32	
Principal Place	e of Business	Mailing Address			ŀ	GEORETARY OF STA	(TE	
2105 PARK AVENUE, NORTH NINTER PARK FL 32789 US		P.O. BOX 4961 ORLANDO FL 32802-4961				SECRETARY OF STATE ALL AHASSEE, FLOR		
2. Principal Place of Business		3. Mailing Address			$\dashv$			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
City & State		City & State			<b>4</b> . F	59-3041997 /	<del></del> -	olied For Applicable
Zip	Country	Zip	Countr	у	<b>5.</b> C	Certificate of Status Desired	\$8.75 Addit	
	6. Name and Address of Current Re	egistered Agent		Nana	7. N	lame and Address of New Registered	Agent	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA				Name				
390 NORTH ORANGE AVENUE SUITE 1100				Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
	ANDO FL 32801			City		FL	Zip Code	
	named entity submits this statement for t						<u>- L</u>	
9. This corpo	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible	FILE NOW!!	!! FEE !	-		instating) DATE  10. Election Campaign Financing	\$5.00	May Be
_	equirement and elects to do so.  ia on back)	After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of Sta				Trust Fund Contribution.		to Fees
11.	OFFICERS AND D	IRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS AN	DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JOHNSON, TONY B 2105 PARK AVENUE, NORTH WINTER PARK FL 32789	☐ Celete		T ADDRESS ST-ZIP			Change	Addition
TITLE	VPS	Delete	TITLE	-			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, TONY B. 2105 PARK AVENUE, NORTH WINTER PARK FL	/\		T ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	T ADDRESS ST-ZIP		3000031893 -03/30/000 ****158.75	Change 1010-01 ****158	Addition 1
TITLE	<u> </u>	□ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP				
TITLE	<del></del>	☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS			Λ	
CITY-ST-ZIP	_			ST-ZIP			11	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME	T ADDRESS		M lm	Change	Addition :
CITY-ST-ZIP			CITY-	ST-ZIP		AHA		
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoyer or on an attackment with an appreciation of the control of the cont	rue and accurate and that makers are to execute this report a	ny signati as require	ire chall have:	tha came l	legal effect as it made under eath: That I	axman officer o	or arrector i

2-29-2000