## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # \$58158** Jan 20, 2000 8:00 am Secretary of State 1. Entity Name COLONY CONSTRUCTION COMPANY 01-20-2000 90088 032 \*\*\*158.75 Principal Place of Business Mailing Address 1330 PALMETTO AVE 1330 PALMETTO AVE. WINTER PARK FL 32789 WINTER PARK FL 32789-4916 0 0 4 0 1 3 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3074125 Not Applicable Country Country \$8.75 Additional Zip5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name and the second HADDOCK PROFESSIONAL ASSOCIATION Street Address (P.O. Box Number is Not Acceptable) 1150 LOUISIANA AVE ST 5-B WINTER PARK FL 32789 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 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. P Delete ☐ Addition ☐ Change TITLE TITLE SHIVELY, JR. DOUGLAS A NAME NAME STREET ADDRESS STREET ADDRESS 827 LAKE CATHERINE CT CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL ☐ Change Addition TITLE ☐ Delete TITLE GODWIN, LARRY NAME STREET ADDRESS STREET ADDRESS 1330 PALMETTO AVE. CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE MELOON, MELISSA--- --NAME NAME STREET ADDRESS STREET ADDRESS 1330 PALMETTO AVE. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Change Addition ☐ Delete TITLE TITLE HANSFORD, REBECCA NAME NAME STREET ADDRESS STREET ADDRESS 1330 PALMETTO AVE. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL Addition Delete Change TITLE TITLE President GODWIN, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 1330 PALMETTO AVE. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SCHOOL ROBERT GOOWING President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/00

407-647-3811

Daytime Phone #