

2000 UNIFORM BUSINESS REPORT (UBR)

*AMENDED
\$6125*

DOCUMENT # *584734*

1. Entity Name

Discovery Capital Group, Inc.

FILED

00 OCT -2 AM 10: 33

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business Mailing Address (Same)
**150 N. Federal Highway, Suite 230
Ft. Lauderdale, FL 33301**

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-10/09/00--01011--004

*******61.25 *****61.25**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address (Same)
150 N. Federal Highway
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 230

City & State City & State 4. FEI Number Applied For
Ft. Lauderdale, FL **593087740** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33301 USA

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
James R. Leone 2170 W. SR 434 Suite 418 Longwood, FL 32779		Name Lawrence Klayman	
		Street Address (P.O. Box Number is Not Acceptable) One Boca Place	
		2255 Glades Road, Suite 422A	
		City Boca Raton	FL Zip Code 33431

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]* **9/28/00**
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.
FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. PTSD OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lawrence J. Savallo, Jr. <input checked="" type="checkbox"/> Delete 7200 Aloma Ave, Ste. E Winter Park, FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/Treas/Secy/Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Erik B. Walsh 150 N. Federal Highway, Suite 230 Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete William M. Hutchinson 7200 Aloma Ave, Ste. E Winter Park, FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Neil M. Kleiman 150 N. Federal Highway, Suite 230 Ft. Lauderdale, FL 33301 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **9/28/00 (954) 462-4611**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (5/00)