

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **584734**

1. Entity Name

Discovery Capital Group, Inc.

Principal Place of Business Mailing Address (Same)

**150 N. Federal Highway, Suite 230
Ft. Lauderdale, FL 33301**

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
Ft. Lauderdale, FL

Zip Country Zip Country
33301 USA

**AMENDED
\$6125**

FILED

00 OCT -2 AM 10: 33

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

200003417992--7

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

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 593087740 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**James R. Leone
2170 W. SR 434
Suite 418
Longwood, FL 32779**

7. Name and Address of New Registered Agent

Name **Lawrence Klayman**
Street Address (P.O. Box Number is Not Acceptable)
**One Boca Place
2255 Glades Road, Suite 422A
Boca Raton FL 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/28/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**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

TITLE **Lawrence J. Savallo, Jr.** ☒ Delete
NAME
STREET ADDRESS **7200 Aloma Ave, Ste. E**
CITY-ST-ZIP **Winter Park, FL 32792**

TITLE **VP** ☒ Delete
NAME **William M. Hutchinson**
STREET ADDRESS **7200 Aloma Ave, Ste. E**
CITY-ST-ZIP **Winter Park, FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres/Treas/Secy/Dir** ☐ Change ☒ Addition
NAME **Erik B. Walsh**
STREET ADDRESS **150 N. Federal Highway, Suite 230**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301** ☐ Change ☐ Addition

TITLE **Vice President/Dir** ☐ Change ☒ Addition
NAME **Neil M. Kleiman**
STREET ADDRESS **150 N. Federal Highway, Suite 230**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301** ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/00 (954) 462-4611

Date

Daytime Phone #

CR2E034 (5/00)