2001. UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am Secretary of State **DOCUMENT # V18860** 1. Entity Name EDGEWATER LAND & DEVELOPMENT CO. 05-10-2001 90165 012 ***150.00 Principal Place of Business Mailing Address 762 GRANVILLE DR 763 GRANVILLE-DR WINTER PARK FL 32789 WINTER PARK FL 32789 vvvxv 2. Principal Place of Bysiness 3. Mailing Address 250 Park Ave. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 675 City & State 4. FEI Number Applied For 59-3112942 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLLOWAY, DWIGHT D Street Address (P.O. Box Number is Not Acceptable) √763 GRANVILLE DR. ORLANDO FL 32789 Save Zip Code he purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named exity sub-(NOTE: Registered Agent signature required when reinstating) 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, 2001 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Addition □ Delete TITLE TITLE 948 Pocnciena In. HOLLOWAY, DWIGHT D. NAME STREET ADDRESS STREET ADDRESS 763 GRANVILLE DR CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL-TITLE: ☐ Delete TITLE NAME REED, ROBERT H NAME STREET ADDRESS STREET ADDRESS **806 EDGEWATER DR** CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 TITLE 1 Change ' Addition Delete TITLE MCNAIR, JAMES E NAME STREET ADDRESS STREET ADDRESS 1430 LAKECREST DR. CITY-ST-ZIP . C!TY-ST-ZIP APOPKA FL 32703 JAVIER J. CINTRON Addition ☐ Delete TITLE Change TITLE NAME NAME 250 Park Avenue South #675 STREET ADDRESS STREET ADDRESS Winter Back, Fel. 32789 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information each indicated on this report or supplemental

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver of trus changed, or on an attachment with an

SIGNATURE:

SIGNATURE AND TYPED OR PR TED NAME OF SIGNING OFFICER OR DIRECTOR