2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A

Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **V51150** 1. Entity Name MARINA LANDING, INC. 04-12-2000 90030 023 ***150.00 Mailing Address Principal Place of Business 6315 WESTGATE DR. 7575 DR. PHILLIPS BLVD ORLANDO FL 32811 STE 305 ORLANDO FL 32819-7221 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3133567 Not Applicable Country 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 **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 N ORANGE AVENUE 1100 ORLANDO FL 32801 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ★ Change ☐ Addition TITLE TITLE ☐ Delete e DAVID BROWN, I BROWN, DAVID C II NAME NAME STREET ADDRESS 390 N. ORANGE AVE. SUITE 1100 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE ROSEN, ROBERT T NAME 390 N. ORANGE AVENUE., SUITE 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete ☐ Change Addition TITLE TITLE ALLIGOOD, RANDAL M NAME NAME 390 N. ORANGE AVENUE, SUITE 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Addition ☐ Delete TITLE ☐ Change TITLE MYERS, JANICE NAME NAME 390 N. ORANGE AVENUE, SUITE 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Change ☐ Addition ☐ Delete TITI F TITLE ASSAF, ASSAF H NAME NAME 7575 DR. PHILLIPS BLVD. SUITE 305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ORLANDO FL 32819 Change Addition TITLE ☐ Delete TITL F NAME NAME STREET ADDRESS 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

3/39/00 (401) 839-4200