FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am § Secretary of State V54121 DOCUMENT # 1. Entity Name 04-29-2002 90060 034 ***150 BRANSON HIGHLANDS DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 180 FOX RIDGE RD. 1717 E COMMERCIAL BLVD BRANSON MO 65616 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0350255 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEIDMAN, HARRY Street Address (P.O. Box Number is Not Acceptable) 1717 E COMMERCIAL BLVD FORT LAUDERDALE FL 33334 Zip Code City FL 8. The above named entity submits this statement for the burpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE name of registered agent and title if applicable (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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **VPSD** TITLE ☐ Delete TITLE Change ☐ Addition CASE, CYJ. NAME NAME STREET ADDRESS 4367 N. FEDERAL HIGHWAY STREET ADDRESS FT. LAUDERDALE FL CITY-ST-7/P CITY-ST-ZIP PASD ☐ Delete TITLE Change ☐ Addition SEIDMAN, HARRY A NAME NAME 1717 E. COMMERCIAL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL THE يهيج م - ا NAME CASORIA, PETER JR NAME STREET ADDRESS STREET ADDRESS 552 N.E. 34TH COURT CITY-ST-7IP FT. LAUDERDALE F; 33334 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

changed, or on an attachment with

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #