FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am § Secretary of State DOCUMENT # V650Q0 1. Entity Name 04-29-2002 90146 012 ***150 RCJ OF WINTER PARK NO. 1, INC. Principal Place of Business Mailing Address 301 S ORLANDO AVE PO BOX 1720 STE. 200 WINTER PARK FL 32790 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3141829 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 Name ROBINSON, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 301 E. PINE ST STE. 1400 ORLANDO FL 32801 Zip Code City Fl 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) 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. 12. ☐ Delete Addition TITLE TITLE Change NAME HOLLER, ROGER W., JR. NAME STREET ADDRESS STREET ADDRESS 301 S ORLANDO AVE STE 200 CITY-ST-7I8 CITY-ST-ZIP MAITLAND FL 32751 TITLE ☐ Delete TITLE Change Addition **VD** NAME NAME HOLLER, ROGER W III STREET ADDRESS STREET ADDRESS 301 S ORLANDO AVE STE 200 CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete TITLE TITLE Change Addition ۷D NAME HOLLER, CHRISTOPHER A STREET ADDRESS STREET ADDRESS 301 S ORLANDO AVE STE 200 CITY-ST-ZIP CITY-ST-ZIP Maitland FL 32751 ☐ Delete TITLE TITLE ☐ Change Addition VTD NAME NAME Holler Rogers, juliette e STREET ADDRESS STREET ADDRESS 301 S ORLANDO AVE STE 200 CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

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

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