2000 UNIFORM BUSINESS REPURI (UBR)

FILED **DOCUMENT # N37929** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name FAIRWAYS AT ROLLING HILLS WATER AUTHORITY, INC. 04-25-2000 90035 034 ****61.25 Mailing Address Principal Place of Business 8524 NE 136TH AV 5023 CR 125 LADY LAKE FL 32159-8921 WILDWOOD FL 34785 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3097699 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BROWN, RONALD D 8524 NE 136TH AVE LADY LAKE FL 32156 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be **FILE NOW:** Department of State Added to Fees Trust Fund Contribution. **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. Addition Change TITLE DP ☐ Delete TITLE BROWN, RONALD D. NAME STREET ADDRESS STREET ADDRESS 8524 NE 136TH AVE CITY-ST-ZIP CITY-ST-ZIP ALDY LAKE FL 32159 ☐ Addition Change ☐ Delete TITLE NAME Brown, Larry R. NAME STREET ADDRESS STREET ADDRESS 5023.CR.125. CITY-ST-ZIP CITY-ST-ZIP WILDWOOD FL 34785 ☐ Change Addition DST TITLE Delete DST TITLE MICKEY HOPKINS NAME 8524 N.E. 134 FOX, GREGORY NAME STREET ADDRESS STREET ADDRESS 5023 CR 125 32159 LADY LAKE FI CITY-ST-ZIP CITY-ST-ZIP WILDWOOD FL 34785 ☐ Addition Change □ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

1/4/00 352-750-4240