2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 13, 2001 8:00 am Secretary of State **DOCUMENT # 602316** 1. Entity Name ALLEN, DYER, DOPPELT, MILBRATH & GILCHRIST, P.A. 03-13-2001 90073 040 ***150.00 Principal Place of Business Mailing Address 255 SOUTH ORANGE AVENUE P.O. BOX 3791 **SUITE 1401** ORLANDO FL 32802-0791 ORLANDO FL 32802 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 59-1298851 Not Applicable Zip Country 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 ALLEN, HERBERT L Street Address (P.O. Box Number is Not Acceptable) 255 SOUTH ORANGE AVE., SUITE 1401 ORLANDO FL 32802 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. (NOTE: Registered Agent signature required when reinstating) DATE 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) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **VP** TITLE **VP** ☐ Change ☐ Addition ☐ Delete NAME REGAN, CHRISTOPHER F NAME Milbrath, Steve STREET ADDRESS STREET ADDRESS 255 S ORANGE AVENUE, STE 1401 255 S Orange Ave #1401 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Orlando, FL 32801 STD ☐ Delete Change Addition TITLE TITLE Doppelt, Ava WHITTLE, JEFFREY S NAME NAME 255 S Orange Ave #1401 STREET ADORESS 255 SOUTH ORANGE AVE., SUITE 1401 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL Orlando, FL 32801 TITLE . ☐ Delete TITLE ☐ Change ☐ Addition NAME SIGALOW, DAVID L NAME STREET ADDRESS 255 SOUTH ORANGE AVE., SUITE 1401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL VΡ ☐ Delete TITLE Change ☐ Addition DYER, ROBERT NAME STREET ADDRESS STREET ADDRESS 255 SOUTH ORANGE AVE., SUITE 1401 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete TITLE ☐ Change ☐ Addition NAME GILCHRIST, BRIAN R. NAME STREET ADDRESS 255 SOUTH ORANGE AVE., SUITE 1401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete TITLE Change Addition **VP** NAME NAME Warther, Richard STREET ADDRESS STREET ADDRESS 255 S Orange Ave #1401 1ando, FL 32801 CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of applied ental report is true and accordate anythat my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute the report as required by Chapter 637, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on arkattachment, as an address, with a their like expowered.

SIGNATURE:

PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR