2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # 714383 1. Entity Name 03-16-2001 90002 015 ****61.25 FLORIDA EAST COAST CHAPTER OF THE ASSOCIATED GEN Principal Place of Business Mailing Address 2617 AUSTRALIAN AVENUE 2617 N AUSTRIALIAN AVE. 01041 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 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 59-0600117 Not Applicable 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 Street Address (P.O. Box Number is Not Acceptable) ALEXANDER, BRUCE 515 N. FLAGLER DR. 19TH FLR City Zio Code WEST PALM BEACH FL 33401 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 egent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE SVP CD Delete TITLE Arcella: Paul NAME ARCELLA, PAUL NAME 90 SE 3rd Court STREET ADDRESS STREET ADORESS 90 SE 3RD CT CITY-ST-ZIP CITY-ST-ZIP Deerfield Beach, FL DEERFIELD FO 33441 XX Delete TITLE TITLE ☐ Change ☐ Addition NAME DRAWDY, DUANE NAME STREET ADDRESS 10201 LANTANA ROAD STREET ADDRESS CITY-ST-ZIP CÎTY-ST-ZIP LAKE WORTH FL 33467-5402 ☐ Delete PP D TITLE TITLE X X Change ☐ Addition NAME HEDRICK, DALE NAME Hedrick, Dale STREET ADDRESS STREET ADDRESS 1100 TECHNOLOGY PLACE, SUITE 122 2200 Centrepark West Drive, Suite CITY-ST-ZIP CATY-ST-712 W. PALM BEACH FL 33407 West Palm Reach ST D TITLE ☐ Delete TITLE ☐ Addition Change GLADWIN, SKIP OR RF NAME NAME STREET ADDRESS 11900 SE SHELL AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL TITLE **VPD** TITLE SVPD ☐ Celete XIX Change ☐ Addition NAME Leighton, Kent NAME Leighton, Kent STREET ADDRESS 8049 MONTARY DR., STE D-1 STREET ADDRESS 8049 Monetary Drive, Suite D-1 ---CITY-ST-ZIP CITY-ST-ZIP RIVERA BEACH FL 33404 Rivera Beach, FL 33404 5-3-10 TV 35 ر steleta بر معاون TITLE Change XXAddition VP D NAME NAME Mark Speedy STREET ADDRESS STREET ADORESS 5455 North Federal Highway, Suite CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33487

12. I hereby certify that the information supplied with this filling 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 suppremental 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 adjacet, with all giver like empowered.

PEQUIRECPaul Arcella

(954)_421-1264