2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2002 8:00 am § Secretary of State DOCUMENT # F52236 1. Entity Name WHITLEY DEVELOPMENT GROUP, INC. 05-20-2002 90043 035 ***150 00 Principal Place of Business Mailing Address 2000 PGA BLV.WAY ONE 2000 PGA BLV.WAY ONE **SUITE 2204 SUITE 2204** PALM BCH., GARDENS FL 33408 PALM BCH., GARDENS FL 33408 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 59-2137358 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 WHITLEY, ROBERT B. Street Address (P.O. Box Number is Not Acceptable) 2000 PGA BLVD.NDING **SUITE 2204** PALM BCH GARDENS FL 33408 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition WHITLEY, ROBERT B NAME NAME 2000 PGA BLVD. STE.2204 STREET ADDRESS STREET ADDRESS PALM BCH GARDENS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change WHITLEY, CHRISTOPHER NAME NAME 200 PGA BLVD., STE. 2204 STREET ADDRESS STREET ADDRESS PALM BEACH GARDEN FL CITY-ST-ZIP CITY-ST-ZIP TITLE -- □ Delete TITLE Change - Addition -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-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS

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 truggee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

(9/01) CR2E034