2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 02, 2001 8:00 am Secretary of State **DOCUMENT # G12498** FLORIDA MANAGEMENT COMPANY 03-02-2001 90021 028 ***158.75 Principal Place of Business Mailing Address 1555 PALM BCH LKS BLVD #1100 1555 PALM BCH LKS BLVD #1100 P O BOX 3267 P O BOX 3267 WEST PALM BEACH FL 33402 WEST PALM BEACH FL 33402 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 59-2239864 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ECCLESTONE, E. LLWYD, JR. Street Address (P.O. Box Number is Not Acceptable) 1555 PALM BCH LKS BLVD #1100 WEST PALM BEACH FL 33401 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) CDP TITLE Change | Addition TITLE ☐ Delete NAME ECCLESTONE, E LLWYD,JR NAME STREET ADDRESS STREET ADDRESS 1555 PALM BCH LKS BLVD CITY-ST-ZIF CITY-ST-ZIP W PALM BCH, FL 00000 **EVDT** Delete TITLE Change ☐ Addition TITLE NAME NAME COOPER, RON STREET ADDRESS STREET ADDRESS 1555 PALM BCH LKS BLVD CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL Change ☐ Addition Delete TITLE TITLE S GAMMON, NANNETTE NAME NAME STREET ADDRESS STREET ADDRESS 1555 PALM BCH LKS BLV CITY-ST-ZIP CITY-ST-7IP W PALM BCH FL Delete Change TITLE Addition TITLE NAME NAME ECCLESTONE, E. L., III-STREET ADDRESS STREET ADDRESS 1555 PALM BCH LKS BLVD. CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL ☐ Change Addition TITLE ☐ Delete TITLE

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

NAME

TITLE

NAME

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Ron Cooper

BISHOP, PATRICE G

W PALM BCH FL

1555 PALM BCH LKS BLVD.

2/15/01

561/686-2000

☐ Change

☐ Addition