FILED

2001 UNIFORM BUSINESS REPORT: (UBR)

Mar 21, 2001 8:00 am **DOCUMENT # H10733 Secretary of State** ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, 03-21-2001 90017 014 ***150.00 Principal Place of Business Mailing Address 2033 MAIN ST. 2033 MAIN ST. STE 600 STE 600 SARASOTA FL 34237 SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2552799 Not Applicable 'Zip Country 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 HOPKINS, F THOMAS III Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN ST SUITE 600 SARASOTA FL 34237 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 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 3R2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE ☐ Change HOPKINS, F. THOMAS NAME NAME STREET ADDRESS 2033 MAIN STREET, SUITE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34237 ☐ Addition TITLE ☐ Delete TITLE ☐ Change BARTLETT, CHARLES J NAME NAME STREET ADDRESS STREET ADDRESS 2033 MAIN STREET, SUITE 600 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34237 ☐ Addition Change TITLE ☐ Delete TITLE LYONS, ROBERT G NAME NAME STREET ADDRESS STREET ADDRESS 2033 MAIN STREET, SUITE 600 CITY-ST-ZIP CiTY-ST-7IP SARASOTA FL 34237 ☐ Addition ☐ Delete Change TITLE TITLE MYERS, TROY H JR NAME NAME STREET ADDRESS STREET ADDRESS 2033 MAIN STREET, SUITE 600 CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34237 ☐ Addition Delete ☐ Change TITLE TIT! F FUREN, MICHAEL J NAME NAME STREFT ADDRESS STREET ADDRESS 2033 MAIN STREET, SUITE 600 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34237 ☐ Delete ☐ Change ☐ Addition TITLE TITLE MERRILL, WILLIAM M III NAME NAME STREET ADDRESS STREET ADDRESS 2033 MAIN STREET, SUITE 600 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34237 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 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.

SIGNATURE:

F.T. HOPKINS

3-16-01

(941)366 - 8100

Daytime