2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 13, 2002 8:00 am Secretary of State DOCUMENT # N0000000155 1. Entity Name WHITEHALL NEIGHBORHOOD ASSOCIATION, INC. 05-13-2002 90073 020 ****61.25 Principal Place of Business Mailing Address 1110 DOUGLAS AVE., STE. 2040 1110 DOUGLAS AVE., STE. 2040 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address 0033 Ninth Street North Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Second Floor City & State City & State 4. FEI Number Applied For St. Petersburg, FL 59-3635852 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33716 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rampart Properties, Inc. MCCAIN, DAVID M Street Address (P.O. Box Number is Not Acceptable) 10033 Ninth Street North 700 N.W. 107TH AVE. MIAMI FL 33172 Second Floor St. Zip Code 6 FL Petersburg, 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 Billy K. Osburn 4/19/02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Leatham, Richard NAME STREET ADDRESS 4902 EISEMHOWER BLVD., #100 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33634 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME HANNAH, CHARLES NAME STREET ADDRESS 19001 SUNLAKE BLVD. STREET ADDRESS CITY-ST-ZIP <u>LUTZ</u> FL 33549 CITY-ST-ZIP TITLE Dst Delete TITLE Change ☐ Addition NAME VALENTI, BETTY NAME STREET ADDRESS 4902 EISENHOWER BLVD., #101 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33634 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: DETERMINED IN BETTA DIVALENTI Sec | Treat 4/20/02 813 901-5213