2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 21, 2000 8:00 am Secretary of State **DOCUMENT # N11496** 1. Entity Name MIDDLE RIVER CLUB, INC. 08-21-2000 90213 013 ****61.25 Principal Place of Business Mailing Address 3000 N.E. 16TH AVENUE 3000 N.E. 16TH AVENUE OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 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 59-2021166 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Name OTTO DANKER Street Address (P.O. Box Number is Not Acceptable) WILLARD: HAROLD 5 3060 NE 16TH AVE OÁKLAND PARK FL 33334 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. DANICER SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution, After September 13, 2000 min. will be \$236.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (2,00)OF_ PD TITLE Delete TITLE / RES. / ☐ Addition OTTO DANKER FEENAN, NANCY NAME NAME STREET ADDRESS 3040 NE 16TH AVE STREET ADDRESS DOOD NE 16 CITY-ST-ZIP CITY-ST-ZIP OAKLAND PK. FL OF BOARD I Change VPD TITLE ☐ Addition □ Delete TITLE WILLARD, HAROLD F NAME NAME URMAN NE 16 13 AU DO07 STREET ADDRESS STREET ADDRESS 3060 NE 16TH AVE CITY-ST-ZIP CITY-ST-ZIP OAKLAND PK. FL 子子ろるく TD ☐ Addition TITLE ☐ Delete TITLE DEIN. LESLEY D BLEDSOF NAME NAME STREET ADDRESS 3050 NE 16TH AVE #102 STREET ADDRES 16# NE CITY-ST-ZIP OAKLAND PK. FL 33334 CITY-ST-ZIP SD ☐ Delete TITLE NAME DAX, STEVE NAME SECRETAR STREET ADDRESS 3050 NE 16TH AVE STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL CITY-ST-7IP asd ☐ Delete TITLE Addition TITLE SLATER, FRED NAME NAME STREET ADDRESS 3010 NE 16TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL TITLE ☐ Delete TITLE

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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP