FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT #

N11660

1. Corporation Name

ELA SANIBEL JAZZ, INC.

Principal Place of Business

Mailing Address

10091 MCGREGOR 'BLVD. FORT MYERS, FL 33919

SAME

FILED Jun 22, 1999 8:00 am Secretary of State

06-22-1999 90008 010 ****70.00

						1				
2.	Principal Place of Business	2a. Mailing Address			3. [Date Incorporated or Qualifed	10/1	0.10		
21		26					10/1	8/8	3.5	
	Suite, Apt. #, etc.	Suite, Apt. #, etc.				4. F	El Number		i	Applied For
22		27					59-25660	56		Not Applicable
	City & State	City & State		-	5. Certificate of Status Desired		k □	\$8.75 Additional Fee Required		
23		28								
	Zip Country	Zip	Zip Co			6. E	lection Campaign Financing	\$. 00 May Be
24	25	29	30			т	rust Fund Contribution		Ad	ded to Fees
	9. Name and Address of Current F	10. Name and Address of New Registered Agent								
					Name K	KARI	L HOLLANDER			_
12800 UNIVERSITY DR #350				82	Street Address (P.O. Box Number is Not Acceptable) 10091 MCGREGOR BLVD					
				83						
				84	City	FORT	MYERS_	FL	85	Zip Code 3 3 9 1 9

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ro	gistered Agent signature r			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	S/T/D DELETE	1.1 TITLE		Change	☐ Addition
NAME	Garavuso, Brian	1.2 NAME			
STREET ADDRESS	12800 University Dr. #350	1.3 STREET ADDRESS			
CITY-ST-ZIP	Ft. Myers. Fl 33907	1.4 CITY-ST-ZIP			
TITLE	P D DELETE	2.1 TITLE	P/D	☐ Change	Addition
NAME	Siler, G. Scott	2.2 NAME	Hollander, Karl		
STREET ADDRESS	12800 University Dr #350	2.3 STREET ADDRESS	10091 McGregor Blvd.		
CITY-ST-ZIP	Ft. Myers, F1 33907	2.4 CITY-ST-ZIP	Ft. Myers, FL 33919		
TITLE	D	3.1 TITLE	D	Change	Addition
. NAME	Graves, Peter	3.2 NAME	-Crane, Morton		~
STREET ADDRESS	7791 NW 33rd St	3.3 STREET ADDRESS	4864 Laurel Lane		
CITY-ST-ZIP	Davie, FL	3.4. CITY-ST-ZIP	Ft. Myers, FL 33908		
TITLE	□ DELETE	4.1 TITLE	D	☐ Change	X Addition
NAME		4. 2 NAME	Hunt, David		
STREET ADDRESS		4.3 STREET ADDRESS	871 S. Town & River Dr	_	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Myers, FL 33919		
TITLE	☐ DELETE	5.1 ππLE	D	☐ Change	Addition
NAME		5.2 NAME	Lawton, Bill		
STREET ADDRESS		5.3 STREET ADDRESS	1400 Colonial Blvd Ste	25 9	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Myers, FL 33907		
TITLE	DELETE	6.1 ππLE	D	Change	
NAME		6.2 NAME	Myers, Richard		
STREET ADDRESS		6.3 STREET ADDRESS	12671 Whitehall Dr.		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft. Myers, FL 33907		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _