2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am § Secretary of State **DOCUMENT # N36749** 1. Entity Name 05-16-2001 90027 013 ****61.25 THE BOGGY CREEK GANG, INC. Principal Place of Business Mailing Address 30500 BRANTLEY BRANCH RD 30500 BRANTLEY BRANCH RD 550588 EUSTIS FL 32736 EUSTIS FL 34736 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 59-3012889 Not Applicable Zip Zip Country Country \$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 Street Address (P.O. Box Number is Not Acceptable) BREWERTON, JOHN L III ESQ 250 N ORANGE AVE STE 1700 City Zip Code ORLANDO FL 32801 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 Stanature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition CR2E037 (10/00 TITLE ☐ Delete TITLE HORVITZ, DAVID W NAME NAME STREET ADDRESS 450 E LAS OLAS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL **VDM** ☐ Change ☐ Addition ☐ Delete TITLE TITLE **ELLIS, LT GEN JAMES** NAME NAME STREET ADDRESS 30500 BRANTLEY BRANCH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32736 Delete TITLE Treasurer ☐ Change Addition TITLE ADELHELM, RON A NAME Cooper, Mark NAME STREET ADDRESS STREET ADDRESS 450 EAST LAS OLAS BLVD 5900 Lake Ellenor Drive CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Orlando, FL 32809 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BREWERTON III, JOHN L NAME STREET ADDRESS 250 N ORANGE AVE STE 1700 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Delete □ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 higher 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.

SIGNATURE:

FILED