2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

FILED Mar 25, 2002 8:00 am Secretary of State DOCUMENT # **N37035** 1. Entity Name TAMIAMI RENTERS' ASSOCIATION, INC. 03-25-2002 90024 026 ****61.25 Principal Place of Business Mailing Address 3900 CLARK RD 3900 CLARK RD SUITE L-1 SHITE 1-1 SARASOTA FL 34233 SARASOTA FL 34233 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 36-3706297 Not Applicable Country \$8.75 Additional Country Zip 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) DOMBER, HARLAN R. 3900 CLARK RD SUITE L-1 Zip Code SARASOTA FL 34233 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. 4 . 15 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Stgnarture, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01) Change Addition TITLE PD ☐ Delete HEPNER, WILLIAM NAME CALDWELL, JULES NAME 2 MERCURY LANE STREET ADDRESS STREET ADDRESS 1 VENUS LA. CITY-ST-ZIP N. FT. MYERS FL 33903 CITY-ST-ZIP n. ft. myers fl Change ☐ Addition ☐ Delete TITLE TITLE NAME Bringman, Don NAME STREET ADDRESS STREET ADDRESS 2 SATURN CIRCLE CITY-ST-ZIP CITY-ST-ZIP n. ft. myers fl ☐ Change ☐ Addition X Delete TITLE TITLE NAME MCKINLEY, RAYMOND NAME STREET ADDRESS 7 SKY VILLA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fort Myers FL 33903 ☐ Addition ☐ Change ☐ Delete TITLE NORAK, CONNIE NAME STREET ADDRESS STREET ADDRESS **6 MERCURY LANE** CITY-ST-ZIP CITY-ST-7IP FORT MYERS FL 33903 ☐ Addition Change ☐ Delete TITLE TITLE NAME BRINSON, WILLIAM NAME STREET ADDRESS STREET ADDRESS **63 SATURN CIR** CITY-ST-ZIP CITY-ST-ZIP N. FT. MYERS FL Change ☐ Addition TITLE ☐ Delete NAME MOLLEHOUR, MAX NAME STREET ADDRESS STREET ADDRESS 20 VENUS LANE CITY-ST-7IP CITY-ST-ZIP N. FT. MYERS FL 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

Daytime Phone #