2000 UNIFORM BUSINESS REPORT (UBR) FILED OCUMENT # N9400000386 Feb 29, 2000 8:00 am Secretary of State THE CROSLEY ESTATE FOUNDATION, INC. 02-29-2000 90128 049 ****61.25 rincipal Flace of Business Mailing Address WALLACE DUNLAP C/O JG PATTERSON WATERSIDE LN 911 VILLAGE GREEN PKWY ____ FL 34209 **BRADENTON FL 34209-4046** Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0678528 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AP WALLACE. Street Address (P.O. Box Number is Not Acceptable) WATERSIDE LANE __NON FL 34209 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to
Department of State 9. Election Campaign Financing FILE NOW: \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees And the state of t OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 □ Delete TITLE Channe ☐ Addition **DUNLAP, WALLACE B** NAME 849 WATERSIDE LANE STREET ADDRESS ST ZIP **BRADENTON FL 34209** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition RUSSELL, WILLIAM NAME 3710 18TH AVENUE WEST STREET ADDRESS ST-7(P **BRADENTON FL 34205** CITY-ST-ZIP ☐ Delete TITLE XIX Change ☐ Addition **BELACK, STEVE** NAME _ 7342 SHEPHERD STREET 5903 La Vista Lane STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIP Bradenton, Fla 34210-3939 ☐ Delete TITLE Change Addition PATTERSON, JOHN NAME 911 VILLAGE GREEN PKWY STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition WRIGHT, DORIS NAME 1912 72ND STREET NW STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS

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

CITY-ST-ZIP

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

941-791-4072 Fet

February 2000

Daytime Phone #