2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 179600000 2481 Apr 06, 2000 8:00 am St. GEORGE ISLAND YACHT CLUB, PINE. **Secretary of State** 04-06-2000 90039 027 \*\*\*\*61.25 Principal Place of Business Mailing Address Same 312 GANDER ST. St. George Dsland, FL32328 しりりつろんて生 3. Mailing Address 2. Principal Place of Business Same Same Suite, Apt. #, etc. Suite, Apt. #, etc. , DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3269055 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IVUINE, William A. Street Address (P.O. Box Number is Not Acceptable) 312 GANDER St. St. George Island, Fl. 32326 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) The first \$2.5 × 7 and withhold \$1 and \$1.5 × 50 miles for the control of the con 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. П Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition Change TITLE TITLE Delete arnell, Bennis E. NAME NAME STREET ADDRESS STREET ADDRESS George Polys Fl. 32320 CITY-ST-ZIP CITY-ST-ZIP George ISLAND Fl. 32320 Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS F1.32328 CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.

DENNES E. BARNELL

4-3-2000

950-927*-*7972

.E. Barnell

SIGNATURE: