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Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Jan 21, 2002 8:00 am Secretary of State DOCUMENT # P92000003483 1. Entity Name 01-21-2002 90058 031 ***150.00 SIGNAL INN BEACH & RACQUETBALL, INC. Mailing Address Principal Place of Business 1811 OLDE MIDDLE GULF DRIVE 1811 OLDE MIDDLE GULF DRIVE SANIBEL FL 33957 SANIBEL FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0371479 Not Applicable Zip Country Zip 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 REED, JEAN Street Address (P.O. Box Number is Not Acceptable) 1340 MIDDLE GULF DRIVE SANIBEL FL 33957 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ու 11. X Change ☐ Addition TITLE ☐ Delete TITLE Vice President NAME MARTINI, ANGELO A SR STREET ADDRESS STREET ADDRESS 28 N COLLINWOOD DR CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH PA 15215 ☐ Change ☐ Addition ☐ Delete TIT! F TITLE NAME NAME HICKS, RONALD B STREET ADDRESS STREET ADDRESS 16 FORMAN AVE CITY-ST-7IP CITY-ST-ZIP JAMESBURG NJ ☐ Addition Change TITLE Director ☐ Delete TITLE **VP** NAME NAME STAMBAUGH, LANIER STREET ADDRESS STREET ADDRESS **451 CHAPAQUA ROAD** CITY-ST-ZIP CITY-ST-ZIP **BRIARCLIFF MANOR NY 10510** Change ☐ Addition ☐ Delete TITLE TITLE ST NAME NAME KANE, CAROL A STREET ADDRESS STREET ADDRESS 7. PINEFIELD LANE CITY-ST-ZIP CITY-ST-ZIP WESTON CT Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HARTMANN, GENE STREET ADDRESS STREET ADDRESS 5809 MEROLD AVE CITY-ST-ZIP CITY-ST-ZIP **EDINA MN 55436** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 truylee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if