FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2002 8:00 am

DOCUMENT # \$960000 47422 1. Entity Name Red BARN OF SARASOTA KG					04-10-2002 90448 049 ***150.00		
Red BARU OF SARASOTA KG							
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2058 BER Ridge Rd 2058 BER Ridge Rd 2058 BER Ridge Rd 2058 BER Ridge Rd					B0064301		
2058 Suite, Apt. #	dge Po'	DO NOT WRITE IN THIS SPACE					
City & State City & State City & State CARASS to				4. FEI Number Applied For Not Applied For Not Applicable			
Zip 34	239 Country Snansota		Country	_l		8.75 Additional see Required sgent	
	DO_NOT WE	RITE	Name Street Aridress	(PO B	ny Number is Not Acceptable)		
	Juleet Address	Street Address (P.O. Box Number is Not Acceptable)					
	ACE	City	City FL Zip Code				
8. The above r	named entity submits this statement for t	he purpose of changing its reg	istered office or registe	ered age			
9. This corpor	Signature, typed or printed name of registered agent and ration is eligible to satisfy its Intangible equirement and elects to do so.	January 1 - May After May 1, I	gistered Agent signature require 1 Fee Is \$150.00 Fee is \$550.00	ed when re	10. Election Campaign Financing	\$5.00 May Be	
(See criteria on back) Make Check Payable t				ate	Trust Fund Contribution,	Added to Fees	
NAME STREET ADDRESS	OFFICERS AND DI UP GOWAN, MICHARL 1814 UPPEL COUR TEAR SPARTO F LA		TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP SARASUTO, F-LA NAME STREET ADDRESS CITY-ST-ZIP SARASUTO, F-LA C			TITLE NAME - STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				
13. I hereby ce indicated of the corp attachmen	ertify that the information supplied with the on this report or supplemental report is to coration of the receiver or trustee emport with an andress, with all other like emports.	nis filing does not qualify for the ue and accurate and that my seried to execute this report as dwered.	exemption stated in Signature shall have the required by Chapter 6	Section 1 same le 607, Flor	19.07(3)(i), Florida Statutes. I further certify egal effect as if made under oath; that I am i'da Statutes; and that my name appears in	that the information an officer or director Block 11 or on an	

941-923-7855 Daytime Phone #

2001 UNIFORM BUSINESS REPORT (ÚBŘ) Attachment FILED BUG (BO) Mar 01, 2001 8:00 all Secretary of State DOCUMENT # P96000047422 RED BARN OF SARASOTA, INC. 03-01-2001 90005 007 ***150.00 Principal Place of Business Mailing Address 4870 S. TAMIAMI TRAIL 4870 S. TAMIAMI TRAIL Sarasota fl 34231 SARASOTA FL 34231 2. 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 65-0668156 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRELL DONALD J Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET SUITE 300 SARASOTA FL 34237 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition MILE ☐ Delete ☐ Change TITLE GOWAN, MICHAEL MAME MAME STREET ADDRESS STREET ADDRESS **1814 UPPER COVE TERR** CITY-ST-7IP CITY-ST-7IP SARASOTA FL Addition ☐ Change TITLE ☐ Delete TITLE QUILLEN, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 1648 STARLINS PLACE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 🔀 Déléte ☐ Change ☐ Addition TITLE TITLE NAME JASNICH, MATTHEW NAME STREET ADDRESS 9601 COUNTRY MANOR DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE ☐ Delete TITLE ☐ Change Addition GRAVEY, DONALD J NAME STREET ADDRESS 1660 BAY WINDS LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 Addition $mn \varepsilon$ ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attackment with a address, with airpliner like-empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Celeta

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2-21-12/ 941-912-7-958

☐ Change

■ Addition