FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P97000064295 JMC COMMUNITIES VI, INC. 04-03-2001 90060 029 ***150.00 Principal Place of Business Mailing Address 2201 4TH STREET NORTH SUITE 200 2201 4TH STREET NORTH SUITE 200 ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3459890 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 Name CHEEZEM, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 2201-4TH STREET NORTH SUITE 200 ST. PETERSBURG FL 33074 Zip Code City FI 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) 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. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Dir/Pres CR2E034 (10/00) ☐ Addition TITLE □ Delete TITLE CHEEZEM, MICHAEL J NAME NAME STREET ADDRESS STREET ADDRESS 2201 4TH STREET NORTH SUITE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704 TITLE ☐ Delete TITLE Change Addition NAME HOBACH, JOHN P NAME STREET ADDRESS STREET ADDRESS 2201 4TH STREET NORTH SUITE 200 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704 -☐ Change TITLE VP/T □ Delete TITLE ☐ Addition NAME ALLEN, ROBERT L NAME STREET ADDRESS STREET ADDRESS 2201 4TH STREET NORTH SUITE 200 CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33704 ☐ Delete ☐ Change ☐ Addition TITLE TITLE COPELAND, SPRING G NAME NAME STREET ADDRESS STREET ADDRESS 2201 4TH STREET NORTH SUITE 200 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 attachment with an address, with all other like empowered.