FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Mar 19, 2001 8:00 am DOCUMENT # P97000082242 **Secretary of State** WALTERS LEVINE BROWN KLINGENSMITH & THOMISON, P. 03-19-2001 90235 001 ***300.00 Principal Place of Business Mailing Address 1515 RINGLING BLVD P.O. BOX 1479 65311 SARASOTA FL 34230-1479 SUITE 900 SARASOTA FL 34236 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 65-0786055 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 THOMISON, JAMES E Street Address (P.O. Box Number is Not Acceptable) 1515 RINGLING BLVD SUITE 900 SARASOTA FL 34236 City Zip Code 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. (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition CR2E034 (10/00) TITLE ☐ Delete TITLE Change WALTERS, JOEL W NAME NAME 1515 RINGLING BLVD, #900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-7IP ☐ Addition TITLE Change ☐ Delete LEVINE, STUART J NAME NAME 1515 RINGLING BLVD, #900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE BROWN, JOHN E NAME NAME 1515 RINGLING BLVD, #900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Addition TITLE Delete TITLE Change KLINGENSMITH, H. JACK NAME NAME 1515 RINGLING BLVD, #900 STREET ADDRESS STREET ADDRESS CITY-ST-7IP SARASOTA FL 34236 CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE MILONAS, TASO M NAME NAME 1515 BINGLING BLVD, #900 STREET ACCRESS STREET ADDRESS SARÁSOTA FL 34236 CITY-ST-7IP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE THOMISON, JAMES E NAME NAME 1515 RINGLING BLVD, #900 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34236 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 suppliemental 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 of 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.

PLTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ohn E. Brown, Prysident 3-14-01 941-364-8787