2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # V19877 **FILED** 1. Entity Name May 15 2001 8:00 am FIRST CITIZENS FACILITIES COMPANY, INC. Secretary of State Principal Place of Business Mailing Address 2211 OKEECHOBEE ROAD 2211 OKEECHOBEE ROAD IUTULU FT. PIERCE FL 34950-6552 FT. PIERCE FL 34950-6552 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 65-0327205 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 POLACKWICH, ALAN S., SR. Street Address (P.O. Box Number is Not Acceptable) 2770 INDIAN RIVER BLVD. SUITE 501 VERO BEACH FL 32960 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) 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, 2001 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. 11. TITLE ☐ Delete TITLE Change ☐ Addition SMITH, VERNON D NAME NAME STREET ADDRESS 221 OKEECHOBEE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL TITLE ☐ Defete TITLE Change Addition MCGRATH, LARRY NAME NAME 2211 OKEECHOBEE RD. STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP FT. PIERCE FL. STD Delete TITLE ☐ Change TITLE Addition HENLEBEN, ROBERT A NAME NAME STREET ADDRESS STREET ADDRESS 2211 OKEECHOBEE RD. CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL TITLE X Delete TITLE Change Addition NAME HAYES, RODNEY NAME STREET ADDRESS 2211 OKEECHOBEE RD STREET ADDRESS CITY-ST-ZIP FT PIERCE FL CITY-ST-ZIP TITLE ٧D ☐ Delete TITLE ☐ Change ☐ Addition CREAMER, JAMES E NAME NAME STREET ADDRESS 2211 OKEECHOBEE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL TITLE STD Delete TITLE ☐ Change ☐ Addition NAME BROWN, TIM E NAME STREET ADDRESS 2211 OKEECHOBEE RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT PIERCE FL 34950 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 attachment with an address, with all other like empowered.

Daytime Phone #

DOCUMENT # V19877					-	1 Attachment		
1. Entity Nam	ITIZENS FACILITIES COMPAN	NY, INC.	•			Millian	טיון ז	7/01
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Principal Plac	e of Business	Mailing Address	· :	-	\dashv	'' V ! !	1101	
2211 OKEECHOBEE ROAD 2211 OKEECHOBEE ROAD FT. PIERCE FL 34950-6552 FT. PIERCE FL 34950-6552 US US						76	491	J . `
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2. Principal P	lace of Business	3. Mailing Address			 			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	:			DO NOT WRITE IN	THIS SPACE	()
. City & Stat	e	City & State		•	4. FE	65-0327205 65-0327205		Applied For Not Applicable
Zip	Country	Zip *	Coun	try	5. Ce	ertificate of Status Desired [□ \$8.75 Fee Red	Additional quired
	6. Name and Address of Current F	Registered Agent	:	Nacco	7. Na	ime and Address of New Regis	tered Agent	
ا∩م	ACKWICH, ALAN S., SR.	50 L 1/2 30		Name	*- 	<u> </u>	- w -	
2770 INDIAN RIVER BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
	E 501							
VEH	O BEACH FL 32960			City			FL Zip	Code
8 The above	named entity submits this statement for	the purpose of changing its	registere	d office or real	stered age	nt, or both, in the State of Florida		
o. The above	Mm	and purposes of ordinging the						
SIGNATURE.	Signature, typed or printed name of registered agent at	na vita d vuolie alvia (NOT	Tr Bon étara	a Ağent signature rea	uning a school ratio	<u>'</u>	-27-2 0	<u>" </u>
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(See criter	ria on back)	Make Check Payal	!	epartment of	-			
11.	OFFICERS AND D	DIRECTORS Delete	12.		ADD	ITIONS/CHANGES TO OFFICER	RS AND DIREC	
TITLE NAME	SMITH, VERNON D	L'1 Détété	NAM				<u>_</u>	
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NAME	CREAMER, JAMES E		NAM	1		•		
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NAME	BROWN, TIM E	LL Delete	NAME					
STREET ADDRESS	2211 OKEECHOBEE RD		•	ET ADDRESS			-	
CITY-ST-ZIP	FORT PIERCE FL 34950	this filing does not qualify to		-ST-ZIP	Soction 1:	19 07/2Vi) Florida Statutas 1 feet	her partify that	the information
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address	true and accurate and that r wered to execute this report with all other like empowered	ny signat as requi	ture shall have t red by Chapter	the same le 607, Florid	gal effect as if made under oath; a Statutes; and that my name ap	that I am an of pears in Block	fficer or director 11 or Block 12 if
SIGNAT	TURE: SIGNATURE AND TYPED OR PE	RINTED NAME OF SIGNING OFFICER	OR DIRECT	V V	Snith	## 4-27-200/ Date	962 Daytime Pho	-5056
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