2001'UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # N45719** FLORIDA ASSOCIATION FOR NUDE RECREATION, INC. 01-25-2001 90236 026 ****61.25 Principal Place of Business Mailing Address 873 SILK OAK TERRACE 873 SILK OAK TERRACE LAKE MARY FL 32746 LAKE MARY FL 32746 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 65-0305151 Not Applicable Zip Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) GREEN, COLIN **873 SILK OAK TERRACE** LAKE MARY FL 32746 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 (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition GRISHAM, GLYN NAME NAME 548 PRATHER DR STREET ADDRESS 548 PARTNER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 TITLE D Delete Addition TITLE ☐ Change 14125 NORTH ROAD NAME KEISER, JAMES NAME 14125 NORTH" STREET ADDRESS P. O. BOX 990192 N/A STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL 33470 NAPLES FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME **BRIGGS, JOSEPH** NAME STREET ADDRESS 5 LAKESHORE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PIERSON FL 32180 TITLE ☐ Delete TITLE Change ☐ Addition GREEN, COLIN 873 SILK OAK TERRACE GREEN, COLON NAME NAME STREET ADDRESS 2136 TOM ST STREET ADDRESS CITY-ST-ZIP NAVARRE FL 32566 CITY-ST-ZIP M Change TITLE ☐ Delete TITLE ☐ Addition SLOAN, DONALD K. NAME NAME STREET ADDRESS 2107 TOBAGO CIR. STREET ADDRESS FORT MYERS, FL 33905 CITY-ST-ZIP FORT MYERS FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change **Addition** PIERCE, KATHY WEIBLER NAME NAME STREET ADDRESS 901 PINE BAUGH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PIERSON, FL 32180 ROCKLEDGE FL

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacf

SIGNATURE: