FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am DOCUMENT # P93000052580 Secretary of State WYCLIFFE COUNTRY CLUB REALTY, INC. 03-12-2001 90419 027 ***158.75 Principal Place of Business Mailing Address 1000 CLINT MOORE RD. 1000 CLINT MOORE RD. SUITE 110 SUITE 110 **BOCA RATON FL 33487** BOCA RATON FL 33487 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 65-0424971 Not Applicable Zip Country Country Zip \$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 SWARTZ, LORNA Street Address (P.O. Box Number is Not Acceptable) 4150 WYCLIFFE COUNTRY CLUB BLVD. LAKE WORTH FL 33467 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, 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. 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. CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE ☐ Change SWARTZ, LORNA NAME NAME 4150 WYCLIFFE COUNTRY CLUB BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Addition Delete TITLE TITLE ☐ Change ENDELSON, KENNETH M NAME NAME STREET ADDRESS STREET ADDRESS 4150 WYCLIFFE COUNTRY CLUB BLVD CITY-ST-7IP CITY-ST-ZIP LAKE WORTH FL ☐ Delete ☐ Change Addition MATTHEWS; GRAY J NAME NAME 1000 CLINT MOORE RD, #110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE TITLE 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

NO OFFICER OR DIRECTOR