FILED Jul 24, 2001 8:00 am

DOCUMENT # 700835 Secretary of State 1. Entity Name 07-24-2001 90001 013 ****61.25 THE SAILFISH CLUB OF FLORIDA, INC. Principal Place of Business Mailing Address 1338 N. LAKE TRAIL 1338 N. LAKE TRAIL PALM BEACH FL 33480 PALM BEACH FL 33480 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 59-0432073 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent PIERINO, VINCENT III SAIL ISH CIUS OF FLONIDA % SAILFISH CLUB 1338 N. LAKE TRAIL PALM BEACH FL 33480 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 gent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 # TREASURE PRESIDENT TITLE Delete Addition TITLE Thomas C. FERGUSON 204 Westminister ROSD MICHEL, GEORGE J NAME NAME STREET ADDRESS 310 MEDITERRANEAN ROAD STREET ADDRESS West PAlm BEACH, FL. 33405 CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP VICE President TITLE ☐ Delete TITLE HARRISON K. CHAUNCAY, Jr. 241 Bradley Place DOWELL, ANTHONY W NAME NAME STREET ADDRESS 101 EAST INLET DRIVE STREET ADDRESS Palm BEACH, P.C. 33480 CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP-☐ Delete TITLE ☐ Change ☐ Addition WARWICK, CHARLES H. NAME NAME STREET ADDRESS 218 TANGIER AVE. STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BUSSEY, EDWIN O JR NAME NAME 130 DOLPHIN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

I hereby certify that the information supplied with this filing does not quality 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 attachment with an address

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

844 0206