200% UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State **DOCUMENT # 253109** 1. Entity Name 05-16-2001 90387 021 ***158.75 ALLAPATTAH OPERATING COMPANY Principal Place of Business Mailing Address 9425 CARLTON ROAD 9425 CARLTON ROAD D005393n FORT PIERCE FL 34988 FORT PIERCE FL 34988 2. Principal Place of Business 3. Mailing Address P.O. Box 700 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0997090 Belle Glade, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33430 Palm_Beach 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name J. Lavergne SHEMBARGER, RICK Street Address (P.O. Box Number is Not Acceptable) P.O. Box 700 9425 CARLTON RD. FORT PIERCE FL 34988 205 S.W. 1st Street Zip Code Belle Glade 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. Terrel J. Lavergne, Director 04/30/01 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 11. 12. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME KERR. ROBERT NAME HWY. 17 & HWY. 92 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVENPORT FL TITLE ST ☐ Delete Change ☐ Addition NAME WILLIAMS, STEVEN L. NAME 205 SW 1ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BELLE GLADE FL** TITLE AS ☐ Delete TITLE Change ☐ Addition NAME DRISCOLL, PAUL NAME STREET ADDRESS 2906 GROVE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE FT. PIERCE FL 34981 TITLE ☐ Delete TITI F Change ☐ Addition LEE. GARY NAME NAME STREET ADDRESS 515 BRYAN ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KISSIMMEE FL 32741 TITLE TITLE Delete ☐ Change ☐ Addition Director NAME NAME Terrel J. Lavergne STREET ADDRESS STREET ADDRESS 205 S.W. 1st Street CITY-ST-ZIP CITY-ST-ZIP Belle Glade FL 33430. TITLE TITLE ☐ Change Delete Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED