2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # 340991** 1. Entity Name. ASBURY REALTY COMPANY 04-30-2001 90418 038 ***150.00 Principal Place of Business Mailing Address 3300 PHILLIPS HIGHWAY PO BOX 5369 JACKSONVILLE FLA 32207 JACKSONVILLE FL 32247 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 59-1107860 Not Applicable 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 MCGEHEE, THOMAS R. Street Address (P.O. Box Number is Not Acceptable) 3300 PHILLIPS HWY JACKSONVILLE FL 32202 City Zin 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) 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change Addition MCGEHEE, T.R., JR. NAME NAME STREET ADDRESS STREET ADDRESS 3300 PHILLIPS HWY CITY-ST-7IP CITY-ST-7IP JACKSONVILLE FL TITLE VD ☐ Delete TITLE ☐ Change ContibbA [] NAME MCGEHEE, F.S. NAME STREET ADDRESS STREET ADDRESS 3300 PHILLIPS HWY CITY-ST-ZiP CITY-ST-ZIP JACKSONVILLE FL TITLE ☐ Delete TITLE ☐ Change Addition MAME MCGEHEE, SUTTON NAME STREET ADDRESS STREET ADDRESS 3300 PHILLIPS HWY CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL TITLE ☐ Delete Change Addition NAME MCGEHEE, D.S. NAME STREET ADDRESS STREET ADDRESS 3300 PHILLIPS HWY CITY-ST-ZIP CITY-ST-ZiP JACKSONVILLE FL TITLE TAS ☐ Delete TITLE ■ Addition Chance NAME ROGERS, JONATHAN Y NAME STREET ADDRESS STREET ADDRESS 3300 PHILIPS HWY CITY - ST - ZIP CITY-ST-ZIP JACKSONVILLE FL CF0 ☐ De!cte TITLE ☐ Addition TITLE NAME BRENT, JOHN NAME

13. Thereby 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 offect 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

CITY-ST-ZIP

STREET ADDRESS

changed, or on an attachment with address, with al other like empowered.

SIGNATURE:

3300 PHILIPS HWY

JACKSONVILLE FL

STREET ADDRESS

CITY-ST-ZIP

Sekee SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/23/01 904.348-3300

Gehee President Vice