2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am & Secretary of State DOCUMENT # 340991 1. Entity Name ASBURY REALTY COMPANY 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 Ζiρ 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 MCGEHEE, THOMAS R. Street Address (P.O. Box Number is Not Acceptable) 3300 PHILLIPS HWY JACKSONVILLE FL 32202 City 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition MCGEHEE, T.R., JR. NAME NAME 3300 PHILLIPS HWY STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME MCGEHEE, F.S. NAME 3300 PHILLIPS HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonville fl CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCGEHEE, SUTTON NAME STREET ADDRESS 3300 PHILLIPS HWY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE X Delete TITLE ☐ Change ☐ Addition MCGEHEE, D.S. NAME 3300 PHILLIPS HWY STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP TAS TITLE Delete TITLE ☐ Change ☐ Addition ROGERS, JONATHAN Y NAME NAME 3300 PHILIPS HWY STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-7IE CITY-ST-ZIP **CFO** TITI F Delete TITLE Change Addition **BRENT, JOHN** NAME NAME 3300 PHILIPS HWY STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 a address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

JACKSONVILLE FL