2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 455162** Jan 24, 2000 8:00 am **Secretary of State** HUTCHINSON ISLAND INN, INC. 01-24-2000 90012 032 ***150.00 Principal Place of Business Mailing Address 3793 N. E. OCEAN BLVD. 3793 N. E. OCEAN BLVD. JENSEN BEACH FL 34957 JENSEN BEACH FL 34957-4303 LUUUJ4bJ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 73-0964829 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 William Pullen PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 110 NORTH MAGNOLIA STREET 3793 NE Ocean Blvd TALLAHASSEE FL 32301 Jensen Beach, Fl. 34957 Zip Code 34957 Jensen Beach ose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purp Signature, typed or printed name (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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITL F OCE THERE TITLE LEEDY, MARY L NAME NAME 100 PARK AVE BLDG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OKLAHOMA CITY OK Addition ☐ Change TITLE ☐ Delete TITLE **DUNCAN, NICHOLAS V** NAME NAME 100 PARK AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKLAHOMA CITY OK CITY-ST-ZIP STD ☐ Change ☐ Addition ☐ Delete TITLE DAN, DENNIS NAME NAME 100 PARK AVE BLDG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKLAHOMA CITY OK CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE JONES, DEADRE V NAME NAME 100 PARK AVE. STREET ADDRESS STREET ADDRESS OKLAHOMA CITY OK CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THE WILL. ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR