2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # 471891** 1. Entity Name ST. JOSEPH BAY ESTATES, INC. 04-17-2001 90166 015 ***150.00 Principal Place of Business Mailing Address 201 S. Monroe St., #5008 50201 S. Monroe St., #500 Tallahassee, FL 32301 Tallahassee, FL 32301 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 59-2989990 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 Miller, Wilton R. Street Address (P.O. Box Number is Not Acceptable) 201 S. Monroe St., #500 Tallahassee, FL 32301 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete (Change TITLE Addition TITLE NAME NAME Miller, Susanne D. 3015 Windsor Way STREET ADDRESS 1500 Benjamin Chaires Road STREET ADDRESS CITY-ST-ZIP Tallahassee, FL CITY-ST-ZIP. Tallahassee, FL 32311 ☐ Delete TITLE Change TITLE · 🔲 Addition NAME NAME Miller, Wilton R. STREET ADDRESS STREET ADDRESS 201 S. Monroe St., #500 CITY-ST-7IP CITY-ST-7IP <u>Tallahassee, FL ^ </u> TITLE Delete TITLE ☐ Change Addition STD NAME NAME Sante, Linda M. STREET ADDRESS 2146 Sandpebble Ct. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tallahassee, FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-\$T-ZIP

SIGNATURE:

CITY-ST-ZIP

(850)

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