2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 22, 2000 8:00 am Secretary of State **DOCUMENT # 521194** 1. Entity Name 01-22-2000 90041 001 ****75.00 BRINKERHOFF PROPERTY MANAGEMENT, INC. 01-22-2000 90041 002 ****75.00 Mailing Address Principal Place of Business 54 S PENINSULA DRIVE 154 S PENINSULA DRIVE DAYTONA BEACH FL 32118-4490 DAYTONA BEACH FL 32118-4490 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1712380 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRINKERHOFF, ELIZABETH A Street Address (P.O. Box Number is Not Acceptable) 4636 GOLDEN APPLES TR PT ORANGE FL 32119 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) 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 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 12. 11. Addition TITLE TITLE ☐ Delete BRINKERHOFF, ELIZABETH A NAME NAME STREET ADDRESS 4636 GOLDEN APPLES TR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL ☐ Addition ☐ Change TITI F PD ☐ Delete TITLE NAME BRINKERHOFF: DAVID J NAME STREET ADDRESS STREET ADDRESS 154 S PENINSULA DRIVE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Addition Change TITLE ☐ Delete TITLE NAME BRINKERHOFF, ERIC NAME STREET ADDRESS 3580 RODEO ACRES DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL ☐ Change Addition TITLE ☐ Delete TITLE BRINKERHOFF, STACY NAME NAME STREET ADDRESS STREET ADDRESS 3541 RED BARN LANE CITY-ST-ZIP CITY-ST-7IP ORMOND BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE MOLTANE, STEPHEN NAME STREET ADDRESS STREET ADDRESS 220 RIVERBLUFF DRIVE CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

STEVE MOLTANE V.P. 1/5/00
CER OR DIRECTOR Date