2000 UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2000 8:00 am Secretary of State **DOCUMENT # 554978** 1. Entity Name 01-21-2000 90016 044 ***150.00 BOCA GRANDE REAL ESTATE, INC. Principal Place of Business Mailing Address P.O. BOX 686 430 WEST 4TH STREET BOCA GRANDE FL 33921 BOCA GRANDE FL 33921-0686 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-1871808 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AREHART, GEORGE L. Street Address (P.O. Box Number is Not Acceptable) 430 WEST 4TH STREET **BOCA GRANDE FL 33921** City Zip Code FL 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 DATE 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 11. ☐ Delete TITLE Change TITLE AREHART, GEORGE L NAME NAME STREET ADDRESS 1870 18TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA GRANDE FL 33921** ☐ Change ☐ Addition ☐ Delete TITLE TITLE SPURGEON, MARK A. NAME NAME STREET ADDRESS 271 SEABREEZE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA GRANDE FL 33921** ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME

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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Maryn

MARK A. SPUROEON

STREET ADDRESS

CITY-ST-ZIP

1-5-00

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