2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 13, 2001 8:00 am Secretary of State **DOCUMENT # 670764** 1. Entity Name FOUR WINDS ASSOCIATES, INC. 04-13-2001 90017 023 ***150.00 Principal Place of Business Mailing Address 1601 KEN THOMPSON PKWY 1601 KEN THOMPSON PKWY SARASOTA FL 34236-1005 SARASCTA FL 34236-1005 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1998557 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .Name FERGESON, JAMES O JR PETER, SMITH Street Address (P.O. Box Number is Not Acceptable) 1601 KEN THOMPSON PKWY 1515 RINGLING BLVD #1000 SARASOTA FL 34236-1005 Zip Code 34236 SARASOTA 8. The above named emity 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 p 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE WHIPP, NORMA C NAME NAME 1601 KEN THOMPSON PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Addition □ Change KÎ Delete TITLE GUTSHALL, LAU P NAME NAME 1601 KEN THOMPSON PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236-1005 Change ☐ Addition TITLE PRES, CEO, S, T Delete NAME SMITH, PETER NAME 1601 KEN THOMPSON PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236-1005 Change ☐ Addition TITLE ΔT □ Delete NAME MARCIA, SAVAGE NAME STREET ADDRESS 1601 KEN THOMPSON PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236-1005 XI Addition Change Delete TITLE VP, CHAIRMAN LYNCH, W. TERRY NAME NAME 7090 PLACIDA ROAD STREET ADDRESS STREET ADDRESS CAPE HAZE, FL 33946 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

MARCIA SAVAGE, ASST TREAS.

4/6/2001

(941) 365-8220

Daytime Phone #

FILED