NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am Secretary of State

DOCUMENT # 735127 1. Entity Name /					05-29-2002 93660 009 ****61.25		
•	UTE FOR CULTURAL ECÓL	OGY OF THE TROP	ics, inc.	1			
DO NOT WRITE IN THIS SPACE					6739AT		
2. Principal Place of Business 201 N Franklin Street 3. Mailing Address P.O. Box 33			24				
Suite, Apt. #, etc. Suite 2200					DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For		
Tampa, Florida T			Tampa, Florida		3384	Applied For Not Applicable	
Zip		Country USA —	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent				
6			Name Lucius M. Dyal, Jr.				
DO NOT WRITE IN THIS SPACE							
			I	Street Address (P.O. Box Number is Not Acceptable) 201 N Franklin Street Suite 2200			
				uite 2200			
			City T	Tampa FL Zip Code 33 602		Zip G33602	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or re	gistered agent, or both, in t	he state of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable (NOTE: F	Luc Registered Agent signature	ius M. Dyal, J	r.		
FEE IS \$61.25 Initial or Amended UBR 9. Election Campa Trust Fund Cor				\$5.00 May Be Added to Fees	Make Check Pa Department o		
10.	OFFICERS AND DIR	ECTORS					
TITLE	·						
S. JEFFREY K. WILKERSON STREET ADDRESS CITY-ST-ZIP Tampa, FL 33602			NAME STREET ADDRESS CITY-ST-ZIP				
Treasurer/Director			TITLE				
S. JEFFREY K. WILKERSON STREET ADDRESS CITY-ST-ZIP Tampa, FL 33602			NAME STREET ADDRESS CITY-ST-ZIP		t .		
IIILE	0707771777777			and the second s	بندر بوستين وفيته بداير بهار		
NAME STREET ADDRESS	LUCIUS M. DYAL, JR.		NAME Street address				
CITY-ST-ZIP	S 201 N Franklin Street, Suite 2200 Tampa, FL 33602		CITY-ST-ZIP	DO	DO NOT WRITE		
TITLE			TITLE	IN T	IN THIS SPACE		
NAME STREET ADDRESS	FREET ADDRESS		NAME STREET ADDRESS				
CITY-ST-2IP			CITY-ST-ZIP				
TITLE NAME			NAME	•			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE			TITLE				
NAME STREET ADDRESS			NAME STREET ADDRESS	•		·	

12. 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 617. Florida Statutes: and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

S Jeffryk Willers W April 24, 2002 813-273-5130
DEFICER OR DIRECTOR DOJUME Phone #