2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURES

FILED Mar 01, 2001 8:00 am Secretary of State DOCUMENT # 738718 1. Entity Name 3-01-2001 91323 030 ****61.25 TITUSVILLE CORVETTE CLUB, INC. Principal Place of Business Mailing Address 7265 WINDOVER WAY P. O. BOX 3036 722371 TITUSVILLE FL 32780 TITUSVILLE FL 32781-3036 2. Principal Place of Business 3. Mailing Address 4005 GROVEWOOD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1743414 TITUSVILLE Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32180 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHARLES PARKER Street Address (P.O. Box Number is Not Acceptable) HARRIS, JESSE L GROVE WOOD 4005 7265 WINDOVER WAY TITUSVILLE FL 32780 Zip Code 32780 TITUSVILLE 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 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD PD Delete Addition CR2E037 (10/00) TITLE TITLE PARKER CHARLES JOHNSON, GEORGE E NAME NAME 4005 GROVEWOLD LANE STREET ADDRESS 3173 FAIRVIEW DR STREET ADDRESS 32780 CITY-ST-ZIP CITY-ST-ZIP TITUS VILLE FL MELBOURNE FL 32934 Delete ☐ Change Addition TITLE TITLE WILLIAMS, RUSTY STREET ADDRESS 3365 MELODY LN STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITUSVILLE FL 32796 TD ☐ Delete ☐ Change ☐ Addition TITLE TITLE MAAS, HENRY NAME NAME STREET ADDRESS 5095 RIVEREDGE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 Delete Addition SD Change TITLE TITLE GRISSOM, TOBY HARRIS, JESSE NAME NAME 4500 HICKORY HILL BLVD STREET ADDRESS 7265 WINDOVER WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 Titusvillé, FL 32780 TITLE Delete Change Addition CLIFFORD, IRENE NAME STREET ADDRESS 1350 KILLEARN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

Ther les D. Perker, PRES