2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2000 08:00 AM DOCUMENT # 749271 1. Entity Name **Secretary of State** THE H D A INDUSTRIAL BUILDING CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address R & P PROPERTY MANAGEMENT R & P PROPERTY MANAGEMENT 265 AIRPORT RD S 265 AIRPORT RD S NAPLES NAPLES FL FL 34104 US 34104 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2578574 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name R & P PROPERTY MANAGEMENT 265 AIRPORT RD S Street Address (P.O. Box Number is Not Acceptable) NAPLES FL34104 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. 04/30/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TITLE VPD X Addition NAME NAME PHILBRICK JAMES STREET ADDRESS STPEET ADDRESS 14 MUIRFIELD CIRCLE CITY-ST-ZIP CITY-ST-7IP NAPLES FL34113 TITLE ☐ Delete PD | Change ☐ Addition NAME MACLEAN ARCHIE NAME ARCHIE MACLEAN STREET ADDRESS 3659 ARNOLD AVE STREET ADDRESS 3659 ARNOLD AVE CITY-ST-ZIP NAPLES 34109 CITY-ST-ZIP NAPLES \mathbf{FL} 34109 TITLE ☐ Delete TITLE DP X Change Addition NAME NAME GOWER GOWER STREET ADDRESS 5085 TAMIAMI TR E STREET ADDRESS 5085 TAMIAMI TR E CITY-ST-ZIP NAPLES FLCITY-ST-ZIP NAPLES FLTITLE VD ☐ Delete TITLE STD XI Change ☐ Addition NAME GAHAGAN THOMAS KRATZ. ALLEN STREET ADDRESS 5085 TAMIAMI TR E STREET ADDRESS 10 SABRE CAY LANE CITY-ST-ZIF NAPLES CITY-ST-ZIP NAPLES TITLE ☐ Delete TID F Change ☐ Addition NAME NAR/F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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^{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.