2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 07, 2000 8:00 am Secretary of State **DOCUMENT # 767118** 1. Entity Name 07-07-2000 90395 043 ****61.25 CENTURIAN CLUB, INC. Mailing Address Principal Place of Business P.O. BOX 9335 6523 MANHATTAN DR JACKSONVILLE FL 32208-0335 JACKSONVILLE FL 32219 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2364045 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOORE, VIVIAN 6523 MANHATTAN DRIVE JACKSONVILLE FL 32219 Zip Code City 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. 2-19-2000 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П 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. ☐ Change ☐ Addition PD TITLE ☐ Delete TITLE BROWN, HARLEY NAME NAME STREET ADDRESS STREET ADDRESS 4927 ROCHDALE RD. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Change ☐ Addition TITLE TITLE Delete VD NAME Trotter, Lucille B NAME STREET ADDRESS STREET ADDRESS 6564 UTSEY RD. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32219 Addition Delete ☐ Change SD TITLE TITLE WILLIS, LENORA NAME NAME STREET ADDRESS STREET ADDRESS 2145 W. BARRY DR. CITY-ST-ZIP CITY-ST-ZIP Jackso<u>nville</u> fl <u>32208</u> Change Addition Delete TITLE TD TITLE NAME MIKKEL, MARVA NAME STREET ADDRESS STREET ADDRESS 6443 MANHATTAN DR. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Addition ☐ Change TITLE FSD Delete TITLE HARRISON, VERMICE STREET ADDRESS STREET ADDRESS 3105 CLYDE DR. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32208 ■ Addition TITLE Delete Change NAME WILLIS, LENORA NAME STREET ADDRESS STREET ADDRESS 2145 W. BARRY DR. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32208

12. Thereby 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 67, 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.

AHachment OH 967118 OUV (68969

P. O. BOX 9335 JACKSONVILLE, FL

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

To whom it may concern:

I, Harley L. Brown, president of Centurian Club, Inc., signed the form on February 19, 2000 and placed it in a folder thinking I had plenty of time to mail it. I discovered at the June meeting that I had forgotten it.

I sincerely apologize for the lateness and inconvenience of the late return of the document.

Thank you,

Harley L. Brown

President