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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 13, 2003 8:00 am § Secretary of State **DOCUMENT # 770464** 1. Entity Name 01-13-2003 90409 016 ****61.25 ORTEGA RIVER RUN, INC. Principal Place of Business Mailing Address 4114 OXFORD AVE 4114 OXFORD AVE JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2445899 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHUNN, DOUGLAS D. Street Address (P.O. Box Number is Not Acceptable) 1800 FIRST UNION NATIONAL BANK TOWER 225 WATER STREET JACKSONVILLE FL 32202 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. I am familiar with, and accept **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change JACOBS, RUTH ☐ Addition NAME 4114 OXFORD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CR2E037 CITY-ST-ZIP TSD TIT! F ☐ Delete TITLE ☐ Change CALHOUN, FLORENCE ☐ Addition NAME NAME STREET ADDRESS 4114 OXFORD AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SLEETH, BEVERLY NAME NAME STREET ADDRESS 4114 OXFORD AVE. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

Jorence & Calhoun