2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 31, 2000 8:00 am DOCUMENT # F9700004167 Secretary of State BURSON AND SIMPSON LODGE DEVELOPMENT, INC. 03-31-2000 90047 020 ***150.00 Principal Place of Business Mailing Address 168 NORTH JOHNSTON STREET 168 NORTH JOHNSTON STREET SUITE 100 DALLAS GA 30132-4740** *** DALLAS GA 30132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-2149548 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KEATING, JOHN K Street Address (P.O. Box Number is Not Acceptable) 749 N. GARLAND AVE., #101 ORLANDO FL 32801 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE TITLE NAME NAME BURSON, KENNETH L STREET ADDRESS STREET ADDRESS RT 1 BOX 1531 CITY-ST-ZIP CITY-ST-ZIP **CLARKESVILLE GA 30523** ☐ Addition ☐ Change Delete TITLE NAME SIMPSON, STEVE NAME STREET ADDRESS 168 N. JOHNSTON STREET, SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS GA 30132 ☐ Delete TITLE ☐ Change ☐ Addition TITLE SIMPSON, MARY J NAME NAME STREET ADDRESS 168 N. JOHNSTON STREET, SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS GA 30132 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

mary J. Simpson mary J. Simpson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

710)445-0071