## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 21, 2000 08:00 AM DOCUMENT # F9900006738 1. Entity Name **Secretary of State** SRAC-GP, INC. Principal Place of Business Mailing Address 200 SOUTH ANDREWS AVENUE 200 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL FORT LAUDERDALE FL 33301 33301 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 52-2207158 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION $\mathbf{FL}$ 33324 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. 04/21/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition WILSON LELAND NAME STREET ADDRESS 200 SOUTH ANDREWS AVENUE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHWARTZ HOWARD NAME STREET ADDRESS 200 SOUTH ANDREWS AVENUE STREET ADDRESS CITY-ST-ZIF FORT LAUDERDALE FI. 33301 CITY-ST-718 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME FRAYER TODD NAME STREET ADDRESS 200 SOUTH ANDREWS AVENUE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE 33301 CITY-ST-ZIP TITLE DAS ☐ Defete TITLE ☐ Change ☐ Addition NAME SIMPSON JEFFREY K NAME STREET ADDRESS 1201 MARKET STREET, SUITE 1700 STREET ADDRESS CITY-ST-ZIP WILMINGTON DE 19801 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STEWART GORDON NAME STREET ADDRESS 1201 MARKET STREET, SUITE 1700 STREET ADDRESS CITY-ST-ZIP WILMINGTON DE 19801 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.

FILED