with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information t.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 inpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information sup indicated on this report or supplement of the corporation or the receiver or the changed, or on an attachment wit all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition