

AMENDED  
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H14315 (originally filed 1/01)

1. Entity Name

THE FANSHAW CORPORATION

FILED

01 MAY 17 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
5900 Gulf Blvd. 5900 Gulf Blvd.  
St. Pete Beach, FL St. Pete Bch., FL  
33706 33706

(PLEASE NOTE THAT THIS IS A CHANGE)

2. Principal Place of Business 3. Mailing Address  
5900 Gulf Blvd. 5900 Gulf Blvd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
St. Pete Beach, FL St. Pete Beach, FL 59-2437535 Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional  
33706 USA 33706 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
Robert P. Renfrow Name Gennifer J. Renfrow  
(Deceased 2/9/01) Street Address (P.O. Box Number is Not Acceptable)  
1300 4th St. N., Ste. 200 5900 Gulf Blvd.  
St. Petersburg, FL 33716 City St. Pete Beach, FL Zip Code 33706

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 *Gennifer J. Renfrow* 05/11/01  
GENNIFER J. RENFROW, AGENT (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                     |                                                                                                                                          | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 11 |                                                                                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President <input type="checkbox"/> Delete<br>Robert D. Featherstone<br>11300 4th St. N., Ste. 2000<br>St. Petersburg, FL 33716           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | (address Change) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>5900 Gulf Blvd.<br>St. Pete Beach, FL 33706 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President <input checked="" type="checkbox"/> Delete<br>Robert P. Renfrow<br>11300 4th St. N., Ste. 200<br>St. Petersburg, FL 33716 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | (Robert P. Renfrow died 2/09/01) <input type="checkbox"/> Change <input type="checkbox"/> Addition                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secretary/Treasurer <input type="checkbox"/> Delete<br>Gennifer J. Renfrow<br>11300 4th St. N., Ste. 200<br>St. Petersburg, FL 33716     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | (address change) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>5900 Gulf Blvd.<br>St. Pete Beach, FL 33706 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>600004421546--9<br>-06/15/01--01018--011<br>*****61.25 *****61.25       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Gennifer J. Renfrow* SECRETARY/TREASURER 05/11/01 (727)360-7081  
GENNIFER J. RENFROW