2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: ∠

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 17, 2000 8:00 am Secretary of State **DOCUMENT # H34986** 1. Entity Name AMEEN MANAGEMENT CORPORATION 05-17-2000 90880 018 ***150.00 Principal Place of Business Mailing Address 5451 ROOSEVELT BLVD. P O BOX 1835 **ORANGE PARK FL 32067-1835** JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address WATERSIDE DE 3792 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2473777 CANGE Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MICHAEL N. SCHNEIDER MICHAEL N SCHNEIDER Street Address (P.O. Box Number is Not Acceptable) ANS ACHER CHURGOEA, P. A ANSBACHER & SCHNEIDER, PA BUILDING 4215 SOUTHPOINT BOULEVARD, SUITE 100 JACKSONVILLE FL 32216 DACKSONULLE 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. 4/28/2000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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. Change ☐ Addition ☐ Delete TITLE TITLE ameen. David NAME NAME STREET ADDRESS 5451 ROOSEVELT BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL [] Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an other like empowered.