2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **J02794**· 1. Entity Name QUAIL CREEK DEVELOPMENTS CORPORATION, INC. 04-26-2001 90023 032 ***158.75 Principal Place of Business Mailing Address 4500 EXECUTIVE DRIVE 4500 EXECUTIVE DRIVE SUITE 300 SUITE 300 NAPLES FL 34119 NAPLES FL 34119 HS us 2. Principal Place of Business 3. Mailing Address STRAND CT. 5672 STRAND CT. 5672 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE # Duite # City & State City & State Applied For 4. FEI Number 65-0267913 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JANET **KELLY, JANET** .O. Box Number is Not Acceptable) 5 + RAND CT. 4500 EXCUTIVE DRIVE SUITE 300 NAPLES FL 34119 34110 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete 7171.5 Channe Addition TITLE KELLY, JANET 5672 STRAND CV. #1 KELLY, JANET NAME NAME 4500 EXECUTIVE DR., SUITE 300 STREET ADDRESS STREET ADDRESS NAPLES, FL 34110 CITY-ST-ZIP NAPLES FL PD **X** Change TITLE TITLE Dolete Addition HORDY, ROBERT S. 5692 STRAND Ct. 43 HARDY, ROBERT S. NAME NAME 13056 POND APPLE DR., W. STREET ADDRESS STREET ADDRESS NAPLES, FL 34110 CITY-ST-ZIP NAPLES FL CITY-ST-7IP VD ☐ Delete TITLE M Addition TITLE Chaque HARDY, Robert PAUL 5692 STRAND CT #1 HARDY, ROBERT PAUL NAME NAME 4500 EXECUTIVE DR., SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CHY-SI-ZIP NAPLES, FL 34110 TITLE ☐ Change ☐ Addition ☐ De!ete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-74P ☐ Delete ☐ Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

CR2E034 (10/00)