

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2000 08:00 AM  
Secretary of State****DOCUMENT # J46329****1. Entity Name  
LOVERN, INC.****Principal Place of Business****8600 PINES BLVD****PEMBROKE PINES  
33024****FL****US****Mailing Address****110 SE SIXTH STREET  
20TH FLOOR  
FT LAUDERDALE  
33301****FL****2. Principal Place of Business  
8600 PINES BOULEVARD****3. Mailing Address****Suite, Apt. #, etc.****Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

**City & State  
PEMBROKE PINES****FL****City & State****4. FEI Number****65-0000148****Applied For****Not Applicable****Zip  
33024****Country****Zip****Country****5. Certificate of Status Desired**☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD****PLANTATION  
33324****US****FL****Name****C T CORPORATION SYSTEM****Street Address (P.O. Box Number is Not Acceptable)****1200 SOUTH PINE ISLAND ROAD****City****PLANTATION****FL****Zip Code  
33324****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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04/27/2000**

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)**☒**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State****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 IN 11****T** ☐ Delete  
**NAME** **HYLE KATHLEEN**  
**STREET ADDRESS** **110 SE 6TH ST, 20TH FL**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33301****T** ☒ Change ☐ Addition  
**NAME** **BOURHIS MARC L**  
**STREET ADDRESS** **110 SE 6TH ST, 20TH FL**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33301****P** ☐ Delete  
**NAME** **HILLOCK LEO P**  
**STREET ADDRESS** **110 SE 6TH ST, 20TH FL**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33301**☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****DVS** ☐ Delete  
**NAME** **COLE JAMES O**  
**STREET ADDRESS** **110 SE 6TH ST, 20TH FL**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33301****DVS** ☒ Change ☐ Addition  
**TITLE** **FERRANDO JONATHAN P**  
**NAME**  
**STREET ADDRESS** **110 SE 6TH ST, 20TH FL**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33301****D** ☐ Delete  
**NAME** **HAWKINS THOMAS W**  
**STREET ADDRESS** **110 SE 6TH ST, 20TH FL**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33301****D** ☒ Change ☐ Addition  
**TITLE** **MAROONE MICHAEL E**  
**NAME**  
**STREET ADDRESS** **110 SE 6TH ST, 20TH FL**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33301**☐ Delete  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Delete  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**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 all other like empowered.****SIGNATURE: JONATHAN D. FERRANDO****04/27/2000**