2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 30, 2000 8:00 am Secretary of State **DOCUMENT # J47363** 1. Entity Name LAUREL CREEK DEVELOPMENT CORP. 05-30-2000 90069 004 ***550.00 Principal Place of Business Mailing Address % THEODORE A. JEWELL % THEODORE A. JEWELL SUITE 2200.MUSEUM TOWER -150 W FLAGLER SUITE 2200.MUSEUM TOWER -150 W FLAGLER MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2768110 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEWELL, THEODORE A. Street Address (P.O. Box Number is Not Acceptable) SUITE 2200, MUSUEM TOWER 150 WEST FLAGLER STREET **MIAMI FL 33130** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE KELLER, LEWIS E. JR. NAME NAME 220 SANFORD AVENUE 5748 N 33rd PL STREET ADDRESS STREET ADDRESS PALM-BEAGHFL Paradise Valley Az 85253 CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE □ Delete TITLE KELLER, LEWIS E. SR. NAME NAME STREET ADDRESS STREET ADDRESS DRAWER X CITY-ST-7IP CITY-ST-ZIP WHITE SULPHER SPG-WV ☐ Addition ☐ Change ☐ Delete TITLE PHILLIPS, GEORGE W. NAME NAME STREET ADDRESS STREET ADDRESS **264 DUNBAR AVENUE** CITY-ST-7IP CITY-ST-ZIP PALM BEACH FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete Change noitibba 🗍 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR