CR2E034 (10/00)

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 09, 2001 8:00 am **DOCUMENT # J47363 Secretary of State** 1. Entity Name LAUREL CREEK DEVELOPMENT CORP. 03-09-2001 90477 004 ***150.00 Principal Place of Business Mailing Address % William W. Atterbury, III % WILLIAM W. ATTERBURY, III 321 ROYAL POINCIANA PLAZA 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2768110 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ATTERBURY, WILLIAM W III Street Address (P.O. Box Number is Not Acceptable) 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 City Zip Code 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, 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition Delete TITLE Change NAME KELLER, LEWIS E. JR. NAME STREET ADDRESS 5748 N 33RD PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARADISE VALLEY AZ 85253 TITLE ☐ Delete TITLE ☐ Addition KELLER, LEWIS E. SR. NAME STREET ADDRESS STREET ADDRESS DRAWER X CITY-ST-ZIP CITY-ST-7IP WHITE SULPHER SPG-WV TITLE Delete ☐ Change ☐ Addition PHILLIPS, GEORGE W. NAME ~ NAME STREET ADDRESS 264 DUNBAR AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM BEACH FL TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP 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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

214101___

602-381-8848

Daytime Phone #