2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **K35925** May 16, 2000 8:00 am Secretary of State FREELAND MANAGEMENT, INC. 05-16-2000 90080 043 ***158.75 Principal Place of Business Mailing Address 13880 S TAMIAMI TRAIL 13880 S. TAMIAMI TRL. FT. MYERS FL 33912-1628 FT. MYERS FL 33901 3. Myiling Address 10729 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State NAPle S Applied For City & State 4. FEI Number 65-0073683 *[7]* Not Applicable VAPIES Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Frecland Sernard FREELAND, BERNARD Street Address (P.O. Box Number is Not Acceptable) 1986 S. TAMIAMI TRAIL FT_MYERS FL-33012 City NAPIES 34108 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 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 11. George T Freeland ☐ Delete TITLE TITLE FREELAND, GEORGE NAME NAME 813 CAI Core Or STREET ADDRESS 13880 S. TAMIAMI TRL. STREET ADDRESS FT Myers, FL 33919 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL Christopher Freeland Change ☐ Defete TITLE FREELAND, CHRISTOPHER NAME 917 Cypress LAKE Cir STREET ADDRESS STREET ADDRESS -13880 S. Tamiami Trl.:--FT Myers, FL 33919 CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP ☐ Delete TITLE TITLE Bernard G Freeland FREELAND, BERNARD G. NAME NAME 92 myrtle Rd Naples, FL STREET ADDRESS -13880 S. TAMIAMI TRL-> STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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. 4/26/00 633-3646

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR