2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **K86680** Apr 29, 2000 8:00 am Secretary of State 1. Entity Name DDC REAL ESTATE CORP. 04-29-2000 90014 013 ***150.00 Principal Place of Business Mailing Address 77 SOUTH FLAGLER DRIVE 777 S. FLAGER DR., SUITE 100-E STE 1000 EAST WEST PALM BEACH FL WEST PALM BEACH FL 33401 Mailing Address 2. Principal Place of Business Dorrance DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ite 90 4. FEI Number Applied For 65-0149729 pridence Not Applicable \$8.75 Additional 5. Certificate of Status Desired ₩5A 02903 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Pare Corporation Sustem SCHUMANN, DENISE Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH FLAGER DRIVE STE 1000 WEST PALM BEACH FL 33401 <u>Plantation</u> 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. LAUREN H. KREATZ, SIGNATURE NOTE HOUSE ALL AND IN SECONDERING ARY nd title if applicable 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, 2000 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 12. 11. CEO President Director Michael T. Hefferman Change ☐ Addition TITLE TITLE **Delete** GOSMAN, ABRAHAM D NAME NAME 10 Dorrance St., Suite 400 777 S FLAGLER DR STE 100-E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP Providence. RI 02903 CFO! Treasurer X) Change DPSC Addition TITLE TITLE M Delete GALGAND, JAMES sary 5. Gillhoeney NAME NAME 16 Dorrance St, Suite 400 3801 PGA BLVD STE 1000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Providence RI 02903 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 VP/Secretary Veronica A. Carrett, Esq M Change ☐ Addition Delete TITLE TITLE SCHUMAN, DENISE NAME NAME 10 Dorrance St. Suite 480 STREET ADDRESS 3801 PGA BLVD STE 1000 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 Providence RI 02903 CITY-ST-ZIP ☐ Change ☐ Addition TITLE 💹 Delete TITLE LEATHERS, FREDERICK NAME NAME STREET ADDRESS STREET ADDRESS 3801 PGA BLVD STE 1000 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . \square Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

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

SIGNATURE: