## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 8:00 am Secretary of State **DOCUMENT # K89864** 1. Entity Name GR DEVELOPMENT CORPORATION 05-01-2001 90079 026 \*\*\*158.75 Principal Place of Business Mailing Address 4500 EXECUTIVE DR 4500 EXECUTIVE DR **STE 300** STE 300 NAPLES FL 34119 NAPLES FL 34119 US 2. Principal Place of Business 3. Mailing Address 672 STRAND CT. 5672 STRAND Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # JUITE Applied For City & State 4. FEI Number 65-0112088 City & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired -34-110 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent , JANET KELLY, JANET Street Address (P.O. Box Number is Not Acceptable) 4500 EXECUTIVE DR STRANG SUITE 300 # / NAPLES FL 34119 Zip Code 4// 0 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 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition CR2E034 (10/00) TITLE ☐ Delete HARDY, ROBERT HARDY, ROBERT PAUL NAME NAME 5692 STRAND CT. 41 STREET ADDRESS 4500 EXECUTIVE DR., SUITE 300 STREET ADDRESS NAPLES, FL 34110 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL PD ☐ Addition Change ☐ Delete TITLE HARDY, Robert S. HARDY, ROBERT S. NAME NAME 5692 STRAND CT. #3 STREET ADDRESS STREET ADDRESS 4500 EXECUTIVE DR. CITY-ST-ZIE CITY-ST-ZIP NAPLES FL NAPLES, FL 34110 ☐ Delete TITLE TITI F KELLY, JANET KELLY, JANET NAME NAME 5672 STRAND CT. STREET ADDRESS 4500 EXECUTIVE DR., SUITE 300 STREET ADDRESS NADLES, FL 34110 CITY-ST-ZIP CITY-ST-7IP NAPLES FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

W JANET KELLY TROBUREL

3/6/01 (941) 597 9888