4/2 **** 00044 000 0450 00 0450 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **K94317** May 30, 2000 8:00 am Secretary of State 1. Entity Name FREEDOM BOAT CLUB, INC. 04-26-2000 90211 028 ***150.00 Principal Place of Business Mailing Address KS MANYSX 1808 MAKIXEX 1538 Stickney SUIN XUX SUXEXOU Point Road SARASOTA FL 343554841 US Sarasota, FL 34231 Principal Place of Business 1538 Stickney Point Rd 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Garasota, FL 34231 City & SEP & MC 4. FEI Number 65-0124944 Not Applicable Zip Country Zip 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 Bradley W. Lang, ESq. Street Address (P.O. Box Number is Not Acceptable) 400 Madison Drive Suite 250 Sarasota, FL City Zip C34236 nt or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agg Bradley W. Lang, ESq. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Ainancing \$5.00 May Be After MAY 1, 2000 Fee will be \$5,50.00/ Tax filing requirement and elects to do so. \Box 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 11. 12 DPST Delete Change Addition TITLE TITLE **ELLIS, JAMES** NAME NAME 3924 HAMILTON CLUB CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIF ☐ Delete Change XX Addition TITLE President NAME David L. Beall STREET ADDRESS STREET ADDRESS 1538 Stickney Point Road Sarasota, FL 34231 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change

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 507, 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: DAVIO L BEALL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR