2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03889 May 16, 2000 8:00 am Secretary of State 1. Entity Name J.F.S. DEVELOPMENT CORPORATION 05-16-2000 90120 049 ***158.75 Mailing Address Principal Place of Business 4500 EXECUTIVE DRIVE 4500 EXECUTIVE DRIVE STE 300 STE 300 NAPLES FL 34119 NAPLES FL 34119-8908 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0199569 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ~ . • • -- . KELLY, JANET Street Address (P.O. Box Number is Not Acceptable) 4500 EXECUTIVE DR **STE 300** NAPLES FL 34119 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 DATE 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE Change ☐ Addition Delete TITLE HARDY, ROBERT S. NAME NAME STREET ADDRESS 4500 EXECUTIVE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE KELLY, JANET NAME STREET ADDRESS STREET ADDRESS 4500 EXECUTIVE DR STE 300 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change ☐ Addition ☐ Delete TITLE HARDY, ROBERT PAUL NAME STREET ADDRESS STREET ADDRESS 4500 EXECUTIVE DR STE 300 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 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.

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (941) 597-906/
Dayling Phone #