2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State **DOCUMENT # L18006** BRAC REEF, INC. 03-21-2000 90026 040 ***158.75 Mailing Address Principal Place of Business 3300 FAIRFIELD AVE S 3300 FAIRFIELD AVE S ST PETERSBURG FL 33712-1818 ST PETERSBURG FL 33712-8818 627261 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 59-2969333 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRANDES, RUSSEL P. Street Address (P.O. Box Number is Not Acceptable) 3300 FAIRFIELD AVE S ST PETERSBURG FL 33712 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 \$5.00 May Be 10. Election Campaign Financing 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Change Addition ☐ Delete TITLE TITLE TIBBETTS, LINTON N. NAME NAME STREET ADDRESS 2928 68TH AVENUE, SOUTH STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-7IP Addition ☐ Change ☐ Defete TITLE TITLE TIBBETTS, DANIEL E. NAME STREET ADDRESS 363 PINELLAS BAYWAY #31 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL ☐ Change Addition ☐ De'ete TITLE BRANDES, MARY L NAME NAME STREET ADDRESS STREET ADDRESS 729 SUWANNEE CT NE CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary L. Brandes, Secretary

Date Daytime Phone *

SIGNATURE: