2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # L18304** 1. Entity Name FLORIDA PREFERRED ADMINISTRATORS, INC. 04-30-2001 90395 037 ***158.75 Mailing Address Principal Place of Business 7250 BENEVA RD. P.O. BOX 22199 SARASOTA FL 34276 SARASOTA FL 34238 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FFI Number City & State City & State 65-0150469 Not Applicable \$8.75 Additional Country Zip 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 CAINE, JULIA J Street Address (P.O. Box Number is Not Acceptable) 7250 BENEVA ROAD SO SARASOTA FL 34238 Zip Code City 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 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Change TITLE ☐ Delete TITLE NAME CAINE, THOMAS E NAME STREET ADDRESS 7250 BENEVA RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 ☐ Change ☐ Addition D Delete TITLE. TITLE LOHMEYER, WILLIAM J NAME MAME 7250 BENEVA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 SVSGC X Change -☐ Addition Delete TITLE TITLE Costello, Michael G COSTELLO, MICHAEL G NAME NAME 7250 Beneva Rd 7250 BENEVA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Sarasota FL 34238 SARASOTA FL 34238 CITY-ST-ZIP Change Change Addition Delete CUBBIN, ROBERT S NAME NAME STREET ADDRESS 7250 BENEVA RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 ☐ Change Addition TITLE TITLE ☐ Delete NAME SWEARINGEN, JAMES R NAME STREET ADDRESS STREET ADDRESS 7250 BENEVA RD CITY-ST-ZIP SARASOTA FL 34238 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE HENRY, JOSEPH C NAME NAME STREET ADDRESS STREET ADDRESS 7250 BENEVA RD

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

CITY-ST-ZIP

SIGNATURE: Thomas E. Caine, President

SARASOTA FL 34238

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR