2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # L70586** 1. Entity Name LAMAR REALTY & DEVELOPMENT CO. 02-28-2001 90025 038 ***150.00 Principal Place of Business Mailing Address 545 FAIRFAX SW 545 FAIRFAX SW WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3020009 Not Applicable Zip Country 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 LANDRY, H. JOHN Street Address (P.O. Box Number is Not Acceptable) 545 FAIRFAX AVE WINTER PARK FL 32789 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (10/00 NAME LANDRY, H. JOHN NAME STREET ADDRESS STREET ADDRESS 545 FAIRFAX AVE CITY - ST - ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Delete ☐ Change Maddition Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Title ☐ Delete TITLE. Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP C!TY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-SY-718 TITLE Delete TITLE Change Addition: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CULY-ST-ZIP this filing closs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied/with indicated on this report or supplemental report from the corporation or the receiver or trustee products. accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director lexecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an

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