2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003219

1. Entity Name

GEGAX/JOHNSON, L.C.

Principal Place of Business	Mailing Address
975 IMPERIAL GOLF COURSE BLVD., SUITE 117 NAPLES FL 34110	975 IMPERIAL GOLF COURSE BLVD., SUITE 117 NAPLES FL 34110

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
2464 Vanderbilt Beach Rd	2464 Vanderbilt Beach Rd.	
Suite, Apt. #, etc. 502	Suite, Apt. #, etc. 502	
City & State Naples, FL.	City & State Naples, FL.	4. FEI Number 59-3548884 — Applied For / Not Applicable
Zip 34109 Country USA	Zip 34109 Country USA	5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, BRIAN W

~~975 IMPERIAL GOLF COURSE BLVD., SUITE 117~~

~~NAPLES FL 34110~~

7. Name and Address of New Registered Agent

Name: Johnson, Brian W

Street Address (P.O. Box Number is Not Acceptable): 2464 Vanderbilt Beach Rd. #502

City: Naples, FL Zip Code 34109

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 (Signature, typed or printed name of registered agent and title if applicable.) — Brian W. Johnson (NOTE: Registered Agent signature required when reinstating) — 4/9/01 DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME GEGAX, JAN L STREET ADDRESS 13105 VANDERBILT DRIVE NO. 209 CITY-ST-ZIP NAPLES FL 34110	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE MGRM NAME JOHNSON, BRIAN W STREET ADDRESS 13105 VANDERBILT DRIVE NO. 209 CITY-ST-ZIP NAPLES FL 34110	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 600004064276---5 -04/24/01--01085--015	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP *****50.00 *****50.00	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jan L. Gegax — Jan L. Gegax — 4/9/01 — 941-597-3433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #