FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 07, 2000 8:00 an **DOCUMENT # M65463 Secretary of State** 1. Entity Name SAVANNA CLUB CORPORATION 02-07-2000 90047 043 ***150.00 Principal Place of Business Mailing Address 888 SEVENTH AVENUE 8630 SOUTH U.S. 1 5122VO PORT ST. LUCIE FL 34952 **SUITE 3400** NEW YORK NY 10106-3499 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 : 65-0025533 Not.* 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 NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS STREET SUITE #2 TALLAHASSEE FL 32301 Zip Code City FI 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 .. After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to F (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN i OFFICERS AND DIRECTORS 11. 12. ☐ Change TITLE TITLE Delete LOPATER, LAWRENCE NAME NAME STREET ADDRESS 888 SEVENTH AVE, STE 3400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10106 DTAS ☐ Change ☐ Delete TITLE TITLE COLLINS, KEVIN NAME NAME STREET ADDRESS STREET ADDRESS 888 SEVENTH AVE, STE 3400 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10106 Change. _ _ TITLE ----- Detete BORY, JUDITH NAME NAME STREET ADDRESS 888 SEVENTH AVE., SUITE 3400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10106-0199 **™** Change TITLE ☐ Delete SPOTO, ANTONINA SOPTO-WERSAL, ANTONINA NAME NAME STREET ADDRESS STREET ADDRESS 888 SEVENTH AVE, STE 3400 CITY-ST-ZIP NEW YORK NY 10106 CITY-ST-ZIP Change ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Defete TITLE TITLE

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 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 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 2' changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

106/00

212-333-=

Daytime Phone #