2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -5 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001(420 AF

DOCUMENT # M99000000927

1. Entity Name
ADVISORS INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
380 WEST ALFRED STREET	380 WEST ALFRED STREET
TAVARES FL 32778	TAVARES FL 32778-3206

2. Principal Place of Business	3. Mailing Address
4830 W. Kennedy Blvd.	
Suite, Apt. #, etc. 351	Suite, Apt. #, etc. Same
City & State Tampa FL	City & State
Zip 33609 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3581377 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JANS, RICHARD C 380 WEST ALFRED STREET TAVARES FL 32778	Name Same Street Address (P.O. Box Number is Not Acceptable) 201 E. Pine Street Suite 500 City Orlando FL Zip Code 32801

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 Richard C. Jans — Richard C. Jans — 4/28/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JANS, RICHARD C 380 W. ALFRED ST. TAVARES FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 201 E. Pine Street, Suite 500 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARSON, SHARON 380 W. ALFRED ST. TAVARES FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYNES, TERRY M 380 W. ALFRED ST. TAVARES FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 4830 W. Kennedy Blvd., Suite 351 Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500003279545--7 06/07/00--01021--018 *****50.00 *****50.00
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

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: ~~SIGNATURE REQUIRED~~ Richard C. Jans 4/28/00 407-843-3553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)