2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 19, 2001 8:00 am DOCUMENT # N00000006896 Secretary of State 1. Entity Name 06-19-2001 90011 030 ****61 25 THE RENAISSANCE OF SARASOTA MASTER ASSOCIATION, Principal Place of Business Mailing Address 511 BAY STREET 🦊 511 BAY STREET SUITE 309 SUITE 309 TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address 1430 WYNNTON Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number oLum 8us -3707339 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired 1906 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name Street Address (P.O. Box Number is Not Acceptable) ICARD, MERRILL, CULLIS, ET. AL. ATTN: WILLIAM W. MERRILL, III 2033 MAIN STREET - SUITE 600 City Zip Code SARASOTA FL 34237 FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CR2E037 (10/00) ☐ Addition TITLE TITLE Change □ Delete J. CHRISTOPHER COBBS NAME NAME STREET ADDRESS STREET ADDRESS 3445 PEACHTREE ROAD #250 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30326 TITLE Delete TITLE ☐ Change ☐ Addition W. WADE PICKARD NAME NAME STREET ADDRESS 511 BAY STREET #309 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL-33606** TITLE ☐ Delete TITLE Change Addition NAME BRINEGAR, AMANDA S NAME STREET ADDRESS 511 BAY STREET #309 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 ☐ Delete Change ☐ Addition TITLE TITLE REIS, TERRY -NAME NAME 1430 WYNNTON ROAD STREET ADDRESS STREET ADDRESS -511-BAY-STREET #309-COLUMBUS, GA 31906 CITY-ST-ZIP TAMPA-FL 33606 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

☐ Delete

706/322-2914

☐ Change

Addition