FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 12, 2001 8:00 am DOCUMENT # N0000007671 **Secretary of State** 1. Entity Name 07-12-2001 90115 018 ****61.25 HIS PLACE BY THE SEA, INC. Principal Place of Business Mailing Address 734 SAND DOLLAR DR. 734 SAND DOLLAR DR. SANIBEL FL 33957 SANIBEL FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-106/825 City & State City & State Applied For Not Applicable Zip 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 Street Address (P.O. Box Number is Not Acceptable) ----MAYBEE, RICHARD G 734 SAND DOLLAR DR. SANIBEL FL 33957 City 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. RICHARD G. MAYBEE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (5/01)TITLE TITLE ☐ Addition BASEL, JOHN F III NAME NAME STREET ADDRESS -1502 BRIAR RIDGE CIR. STREET ADDRESS FT MYFRS FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete ☐ Addition MAYBEE, RICHARD G NAME NAME STREET ADDRESS 734 SAND DOLLAR DR. STREET ADDRESS CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MAYBEE, BARBARA A-NAMÈ NAME. STREET ADDRESS 734 SAND DOLLAR DR. STREET ADDRESS CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition PATTON, LINDA S NAME NAME 45072 BRIAR RIDGE STREET ADDRESS STREET ADDRESS 395 FT: MYERS FL 33912 CITY-ST-ZIP CITY-ST-7IP 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-ZIF CITY-ST-ZIP 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

with an address, with all other like emplowered