2002 UNIFORM BUSINESS REPORT (UBR) FILED May 07, 2002 8:00 am Secretary of State DOCUMENT # N0100006698 1. Entity Name PELICAN SOUND TRANSITION COMMITTEE INCORPORATED 05-07-2002 90262 047 ****61.25 Principal Place of Business Mailing Address C/O BRENT BARENTS C/O BRENT BARENTS 20923 PINEHURST GREENS DR 20923 PINEHURST GREENS DR ESTERO FL 33928 ESTERO FL 33928 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 For 65-1135019 Not Applicable Zip 3 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 BARENTS, BRENT J Street Address (P.O. Box Number is Not Acceptable) C/O BRENT BARENTS 20923 PINEHURST GREENS DR ESTERO FL 33928 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Added to Fees **Department of State**

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete Change ☐ Addition COLE, PAT NAME NAME 21270 PELICAN SOUND DR #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BARENTS, BRENT NAME NAME 20923 PINEHURST GREENS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIP TITLE PD Delete TITLE Change ☐ Addition MCCRAY, RAY BURCH, GRACE 21461 PELICAN SOUND DR. # 101 NAME NAME 21231 PELICAN SOUND DR #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIP ESTERO, FL 33928 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARNES, GARY NAME NAME 20852 GLENEAGLES LINKS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

(9/01)