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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CICALATURE AND TYPED OR PRINTED MANE OF PROMINIO OFFICER OR PROFESTOR

☐ Delete

38/01 Date

ate 56//388-5/36

Daytime Phone #

☐ Change

☐ Addition