## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am DOCUMENT # **N37257** Secretary of State 1. Entity Name 05-06-2002 90048 001 \*\*\*\*61.25 KEEP FLORIDA BEAUTIFUL, INC. Mailing Address Principal Place of Business 2615 N MONROE ST 2615 N MONROE ST TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 US US 3. Mailing Address 2. Principal Place of Business 201 East Pack Avenue 201 East Pack Avenue DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 59-3022345 Tallahussee lallahassee \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 32302 USA eon-USA-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Yim. Snyclee Street Address (P.O. Box Number is Not Acceptable) RYAN, BRUCE 2<del>015 N MONROE S</del>T STE-2007 allahassee TALLAHASSEE FL 32303 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) Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ij ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. Change ☐ Addition Delete TITLE TITLÈ n NAME NAME SNYDER, KIM STREET ADORESS STREET ADDRESS 1939 S. 8TH ST. CITY-ST-ZiP CITY-ST-ZIP FERNANDINA BCH. FL 32034 TITLE ☐ Delete TITLE NAME NAME SPRINGER, MICHELE STREET ADDRESS STREET ADDRESS 2050 MARYLAND, CIRCLE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 Addition Change Delete Lakey Weber Hoad TITLE NAME NAME LINER, STEVE STREET ADDRESS STREET ADDRESS 605 SUWANNE STREET MS 61 mereitt Island CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32399 aie-Elect leff Loons ☐ Addition Delete TITI F TITLE VC . NAME NAME MCINTOSH, SHANE STREET ADDRESS STREET ADDRESS 141 5TH ST. N. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 Delete TITLE TITLE raed Oaks Blue, #160 NAME NAME MCINTOSH, SHANE STREET ADDRESS STREET ADDRESS 141 5TH STREET N 2399-001 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 Delete TITLE TITLE DT NAME NAME SHELTON, RICHARD T. STREET ADDRESS STREET ADDRESS 336 E. COLLEGE AVENUE Tallahassee CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: