10. TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILLER, ROBERT NAME Arguer, Mary NAME STREET ADDRESS 3338 Young Ave STREET ADDRESS 4318 EDENROSE WAY CITY-ST-ZIP Sarasota, Fl 34237 CITY-ST-71P SARASOTA FL ☑ Addition Delete TITLE TITLE Kaufman, Paul NAME 4303 Beekman Place STREET ADDRESS STREET ADDRESS Sarasota, Fl 34237 CITY_ST-7/P CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE Rankin, Lee NAME NAME STREET ADDRESS 4371 Edenbridge Cr STREET ADDRESS Sarasota, Fl 34237 CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-57-7IP

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 empay

SIGNATURE:

LOCAL DESCRIPTION HERE TO VAME OF SCHOOL CHARLES OF DIRECTOR