2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # N9300004011 1. Entity-Name 05-16-2001 90373 022 ****61.25 HUMAN RESOURCES / CRANE CREEK CONSERVATORY, INC. Principal Place of Business Mailing Address 196 FEAST RD. 196 FEAST RD. WEST MELBOURNE FL 32904 WEST MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address 2165 FEAST ROAD 2165 FBAST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3146705 TEZW NEST Not Applicable \$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 BLAZ, HOWARD 196 FEAST ROAD WEST MELBOURNE FL 32904 MELBWRUS 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. HOWARD BLAZ, DIRECTOR FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change ☐ Delete TITLE **BLAZ, NANCY** NAME 196 FEAST ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST MELBOURNE FL ☐ Delete Change ■ Addition URANECK, WILLIAM DR. NAME 13 PEPPER DRIVE STREET ADDRESS STREET ADDRESS MELBOURNE FL 32934 CITY-ST-ZIP CITY-ST-ZIP-TITLE ☐ Delete ☐ Change Addition **BLAZ, HOWARD** NAME STREET ADDRESS 196 FEAST ROAD STREET ADDRESS WEST MELBOURNE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

4/28/01