2000 UNIFORM BUSINESS REPORT (UER)

OCUMENT # N94000002590 May 16, 2000 8:00 am Secretary of State SOUTHWEST FLORIDA CHAPTER OF THE NATIONAL SOCIET 02-21-2000 90006 004 ****61.25 inicipal Flace of Business Mailing Address PO BOX 5974 BOX 5974 SARASOTA FL 34277-5974 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0288699 Not Applicable Zip Country Country Zip \$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 Street Address (P.O. Box Number is Not Acceptable) TAYLOR, JULIE C 1800 SECOND ST **STE 959** Zip Code SARASOTA FL 34236 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. Signature, typeti p ted name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (66/6) Delete TITLE ALEXANDRA QUARL KERR, DOUGLAS H NAME 3100 FRUITVILLE ROAD 1838 Waldemere Sarasota, FL 34 CR2E037 STREET ADDRESS ST 219 SARASOTA FL 34237 CITY-ST-ZIP TITLE Delete TAYLOR, JULIE C NAME 1800 2ND ST # 959 STREET ADDRESS ST-ZP SARASOTA FL 34236 CITY-ST-ZIP. ☐ Addition Delete TITLE Change TRYON, BART NAME STREET ADDRESS 1800 2ND ST ST- 7:P SARASOTA FL 34236 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE HARMAN, JIM NAME 5700 NORTH TAMIAMI TRAIL STREET ADDRESS CITY-ST-7IP ST-719 SARASOTA FL 34243 Delete TITLE ☐ Change Addition INTAGLIATA, LISA 4171 FRUITVILLE ROAD STREET ADDRESS ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP Delete TITLE ☐ Change Addition WILSON, WILLIAM A NAME 1311 S. PALM AVE STREET ADDRESS ST-ZIP SARASOTA FL 34236 CITY-ST-712

I hereby certify that the information supplied with this filling 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 trusted 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, vitit all other like empowered.

SIGNATURE: SIGNATURE OF SIGNING OFFICER OF CIRCLES TO SIGNATURE Date Date Date Description of De