2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State DOCUMENT # N9400004581 1. Entity Name 05-15-2001 90036 036 ****61.25 URANTIA ASSOCIATION OF FLORIDA CORPORATION Principal Place of Business Mailing Address o t t T f o a 4411 W. TRILBY AVE 4411 W. TRILBY AVE TAMPA FL 33616 TAMPA FL 33616 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3238898 Not Applicable Zip: ~ Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 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) ZIGLAR, RICHARD 300 INTERCOASTAL PL SUITE 303 City Zip Code **TEQUESTA FL 33469** FL 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Make Check Payable to

FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DITLE ☐ Change Addition Delete TITLE ZIGLAR, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 300 INTERCOASTAL PLACE, #300 CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL 33469** Addition ☐ Change TD ☐ Delete TITLE STAWIN, PATRICIA NAME STREET ADDRESS 4411 W TRILBY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33616** Delete TITLE Addition Oberhausen, Suzanne LADISH, MARY NAME 4514 W-Ballast Pt. Blvd. STREET ADDRESS STREET ADDRESS 915 BALLARD ST, #R Tampa, FL 33611 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32071 CITY-ST-ZIP a q v **VPD** 🗹 Addition Delete Jordan, H. Baker 122 5. Rome Que MANTZ, DAVID NAME STREET ADDRESS 7703 INDIA AVE, #121 STREET ADDRESS Tampa, FL 33606 CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32211 ☐ Addition TITLE ☐ Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

PATRICIA STAWIN SIGNATURE:

4/20/2001 613.226-8844