2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N9500000 23H & Jul 07, 2000 8:00 am Secretary of State 1. Entity Name Greenspace Preservation Association, 07-07-2000 90459 018 ****61.25 Principal Place of Business Mailing Address 2114 NW 40th Terrace Same STE A-1 00067859 Gainesville, Fl 32605 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number Not Applicable Country Zip Country \$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 Mutch, Samuel A Ese. Street Address (P.O. Box Number is Not Acceptable) 2114 NW 40th Terrace Ste Ajainesville, Fl 32605 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Defete TITLE ☐ Addition Locascio, SAL NAME NAME 2114 NW 40th Terrace STREET ADDRESS STREET ADDRESS ste A-1 Gainesville, Fl 32605 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE ☐ Change TITLE STAMMER Paula 2114 NW HOT TERRACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE Ste A-1 Gainesulle, Fl 2605 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE Isaacs, Gerry 2114 NW HOM Terrace NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP STE A- Gainesville H TITLE TITLE ☐ Delete ☐ Change Addition Bonnie O' Brien 2329 NW 30th Terroce NAME NAME STREET ADDRESS STREET ADDRESS Sainesville F1 32605 CITY-ST-ZIP CITY-ST-ZIP Robinson, Francine Delete 2114 NW 40th Terrace Ste A-1 Gainesuille, F 32605 ☐ Delete Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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: Bonnie J. O Brien Bonnie J. O'Brien 7/23/00 352372799