2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9600000630 Apr 22, 2000 8:00 am Secretary of State HISTORIC PEDESTAL PRESERVATION FUND, INC. 04-22-2000 90023 041 ****61.25 Principal Place of Business Mailing Address 2524 CASTILLA ISLE 2524 CASTILLA ISLE FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301-1505 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 65-0625029 Not Applicable Zip Country \$8,75 Additional Country 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) HESS, GEROGE F II 333 N NEW RIVER DRIVE EAST **SUITE 2000** City Zip Code FL FT LAUDERDALE FL 33301 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) 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 PD TITLE Change TITLE ☐ Delete NAME HESS, DIANE NAME STREET ADDRESS STREET ADDRESS 2524 CASTILLA ISLE CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Change ☐ Addition ☐ Delete TITLE TITLE VD NAME Terry. Dee -NAME STREET ADDRESS STREET ADDRESS 1402 E LAS OLAS BLVD, SUITE 702 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Change Addition SD ☐ Delete TITLE TITLE NAME FRASER, JULIA NAME STREET ADDRESS 119 SE 12TH AVENUE, APT #2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 ___ Addition TD ☐ Change TITLE ☐ Delete TITLE MCCREA, STEPHEN NAME NAME STREET ADDRESS 2314 DESOTA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

SIGNATURE: SIGNATURE: SIGNATURE P. HESS 4 IS