2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 18, 2000 8:00 am Secretary of State DOCUMENT # N9600001524 1. Entity Name THE THIRD PLACE, INC. 09-18-2000 90031 027 ****61 25 Principal Place of Business Mailing Address 355 W VENICE AVE P O BOX 4035 **SARASOTA FL 34230-4035** VENICE FL 34285 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0739492 Not Applicable Ζip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SNYDER, W R 355 W VENICE AVE VENICE FL 34285 City Zip Code 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 DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing ζį \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SHYDEE, ANDREW C SNYDER, ANDREW C NAME NAME 4010 MOODY GODE STREET ADDRESS STREET ADDRESS **4010 WOODVIEW DRIVE** SACRETA PE-3:232 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Change 、 Addition TITLE Delete TITLE KANE, HEATHER KANE. HEATHER NAME 4010/NOODVIEW DC STREET ADDRESS STREET ADDRESS 4010 WOODVIEW DR. CITY-ST-ZIP SHEKETA FZ -34282 CITY-ST-ZIP SARASOTA FL 34232 ☐ Change Addition TITLE ☐ Delete TITLE ON LES , WARREN G OAKES, WARREN G NAME NAME 4051 ASBURY PLACE STREET ADDRESS **4051 ASBURY PLACE** STREET ADDRESS CITY-\$T-ZIP SGRAEGE FL 84283 CITY-ST-ZE SARASOTA FL 34233 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STRÉET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

PHEATHER BLEANE, TREMULER URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

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