2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90234 012 ****61.25

DOCUMENT # N96000004664

1. Entity Name

INLAND PROTECTION FINANCING CORPORATION

Principal Place of Business	Mailing Address
C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD. TALLAHASSEE FL 32308	C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD. TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3404559 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHOW, HORACE II C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD. TALLAHASSEE FL 32308	Name THOMAS A. BEENCK Street Address (P.O. Box Number is Not Acceptable) C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD City TALLAHASSEE **FL** Zip Code 32308

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 Thomas A Beenck, Secretary — April 25, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUSH, JEB PL-05 THE CAPITOL TALLAHASSEE FL 32399-0001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY THOMAS A. BEENCK 475 MERLIN WAY TALLAHASSEE, FL 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLIGAN, ROBERT F PL-09 THE CAPITOL TALLAHASSEE FL 32399-0300	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARSWELL, KEITH 700 E. DANIA BEACH BLVD. DANIA FL 33004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRUHS, DAVID B 3900 COMMONWHEATH BLVD TALLAHASSEE FL 32399-2440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALLAGHER, TOM PL-1 THE CAPITOL TALLAHASSEE FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HERNDON, TOM 3701 BOBBIN BROOK WEST TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED Thomas A. Beenck — April 25, 2002 — 850/413-1183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #