2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # N97000003252 1. Entity Name FLORIDA BEND REGIONAL SAILING ASSOC., INC. 05-02-2000 90145 030 ****61.25 Principal Place of Business Mailing Address FLORIDA STATE UNIVERSITY-CAMPUS RECREATION FLORIDA STATE UNIVERSITY-CAMPUS RECREATION 136 TULLEY GYM **690001** 136 TULLEY GYM TALLAHASSEE FL 32306-4050 TALLAHASSEE FL 32306 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3507120 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GRUVER, MICHAEL L 1353 E LAFAYETTE ST TALLAHASSEE FL 32301 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 (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing FILE NOW: \$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 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE C/D ☐ Delete TITLE NAME NAME RONALD A BUNTING STREET ADDRESS STREET ADDRESS 1510 OLD ST AUGUSTINE RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 **Change** ☐ Addition **D**Delete TITLE TITLE NICHOLAS A . HARTNEY NAME NAME CHRISTOPHER M ANDERSON 770 APPLEYARD DR. APT ISA STREET ADDRESS STREET ADDRESS IPO BOX 15937 (N/A) TALLAHASSEE, FL. 32304 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32406 ☐ Addition Change TITLE □ Delete TITLE RODGERS AAROH NAME MARIO J LOPEZ NAME 2003 TRIMBIE RD STREET ADDRESS STREET-ADDRESS 483 W BREVARD ST APT B20 TALLAHASSER, FL 32303 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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.

RERONATO D. BUNTING SIGNATURE