2000 UNIFORM BUSINESS REPORT (UBR) FILED DOGUMENT # N99000005213 Jul 28, 2000 8:00 am Secretary of State CITRUS COUNTY DEVIL RAYS INC. 07-07-2000 90403 010 ****61.25 Principal Place of Business Mailing Address P O BOX 895 P O BOX 895 CRYSTAL RIVER FL 34423-0895 CRYSTAL RIVER FL 34423-0895 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0952320 Applied For City & State City & State Not Applicable 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 Name Street Address (F.O. Box Number is Not Acceptable) WILLIS, ROBERT A JR 1181 S FIELDVIEW LOOP LECANTO FL 34461 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) 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** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Va PRESIDENT - VILE PRESIDENT | Change MT F TITLE Delete NAME WALTER H. Talley 1704 N. Squirace Tree Ave. NAME WILLIS, ROBERT A STREET ADDRESS STREET ADDRESS P O BOX 895 CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL 34423-0895 Lecauto Fu 34461 M Addition TITLE ☐ Delete TITLE Change TREASULER Care Scarano SR. 501 S. MON ROE St. NAME NAME STREET ADORESS STREET ADDRESS Beverey-Hills-Fo-34465 CITY-ST-ZIP CITY ST ZIP Asst. Treasurer Loretto A. Talloy 1704 N. Squirrel Addition ☐ Change ☐ Delete TITLE NAME_ NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Change Addition TITLE TIPLE ☐ Deleta NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ANNE B. Willis, Secontray Change Addition ☐ Delete TITLE TITLE NAME MAME 11615. FIELD VIEW KOU STREET ADDRESS STREET ADDRESS Lecanto FL. 3446 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delate TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 page appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Robert A. Wilce's Telephone Statutes.

SIGNATURE:

COLLECTIONE LITTLIFE DE PROTES NAME OF STRANGO OFFICER OF PROTES

Feb. 8, 2000

352-746-0744

Daytime Phone #



CITRUS COUNTY ~ "DEVIL RAYS"

July 21, 2000

Florida Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Attn: Ms. Katherine Harris, Secretary of State

Re: 2000 Uniform Business Report

Dear Ms. Harris:

As per your letter of July 13, 2000, enclosed please find revised form with the corrections that you have requested. Please file accordingly.

Should you have any questions, please do not hesitate to contact me.

Thank you for your attention to same.

Sincerely,

Citrus County Devil Rays, Inc.

Colut a Willis

Robert A. Willis, Jr.

President

Enclosures

/abw