2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900005467

1. Entity Name

FLORIDA GRAND BANKS/EASTBAY OWNER'S ASSOCIATION.

Principal Place of Business % HAL JONES & CO 1900 SE 15TH STREET

Mailing Address

% HAL JONES & CO 1900 SE 15TH STREET FT. LAUDERDALE FL 33316

| 2. Principal Place of Business | | | 3. Mailing Address | | | | | |
|--------------------------------|--|--|--------------------|-----------|-------------|--|---|-----------|
| Suite, Apt.#, etc. | | | | Suite, Ar | ot. #, etc. | | · | گومنتج من |
| City & State | | | | City & St | ate | | | |

FILED Apr 09, 2001 8:00 am Secretary of State

04-09-2001 90045 024 ****70.00

FT. LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0948054 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired XX Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JONES, HAROLD M III % HAL JONES & CO 1900 SE 15TH STREET Zip Code FT. LAUDERDALE FL 33316 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **X** Addition TITLE ☐ Delete TITLE Holzkamp, Bob NAME JONES, HAROLD M III NAME 650 Isle of Palm Drive STREET ADDRESS % HAL JONES & CO., 1900 SE 15TH STREET STREET ADDRESS Ft. Lauderdale FL33301 CITY - ST - ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33316 Delete ☐ Change n Director ~ TITLE TITLE -XXAddition NAME JONES, HAL NAME Caldwell, Lapsley STREET ADDRESS STREET ADDRESS % HAL JONES & CO., 1900 SE 15TH STREET 32801 Hwy., 441 North, Lot 14 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33316 Okeechobee FL TITLE TITI F Director **XX**Addition X Delete ☐ Change PARROTT, DAN NAME NAME Smith, Bob STREET ADDRESS STREET ADDRESS % HAL JONES & CO., 1900 SE 15TH STREET 431 Kenmore Avenue CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33316 Kilmarneck 22482 TITLE Delete TITLE ☐ Change **XX**Addition Director NAME NAME Shulman, Bob STREET ADDRESS STREET ADDRESS 5605 Hammock Lane CITY-ST-ZIP CITY-ST-ZIP Lauderhill FL 33319 TITLE ☐ Delete TITLE Change XXAddition Director NAME Keenan, John STREET ADDRESS STREET ADDRESS 1022 Sago Palm Way CITY-ST-ZIP CITY-ST-ZIP Apollo Beach FL ☐ Delete TITLE ☐ Change Director NAME NAME Naset, Wally STREET ADDRESS STREET ADDRESS 20717 6th Avenue CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1970 (i) FeXda Statutes. I with Dertify 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 RE

954.527.1778