2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000007659** May 16, 2000 8:00 am Secretary of State 1. Entity Name SHERWOOD IV. INC. 05-16-2000 90125 014 ****70.00 Mailing Address Principal Place of Business 4500 EXECUTIVE DRIVE STE 300 4500 EXECUTIVE DRIVE STE 300 NAPLES FL 33999 NAPLES FL 33999 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 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) BRUGGER, JOHN N 600 FIFTH AVE SOUTH STE 207 NAPLES FL 33940 34102 Zip Code 3<u>4/0</u>2 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VICE PRES DIRECTOR Addition ☐ Delete TITLE TITLE HARDY, ROBERT PAUL NAME HARDY, ROBERT PAUL NAME STREET ADDRESS STREET ADDRESS 4500 EXECUTIVE DRIVE STE 300 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ☐ Addition ☐ Delete ☐ Change TITLE KELLY, JANET NAME STREET ADDRESS STREET ADDRESS 4500 EXECUTIVE DRIVE STE 300 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL-34110 -☐ Delete TITLE ☐ Change Addition TITLE NAME GODE, LARRY NAME STREET ADDRESS STREET ADDRESS 4500 EXECUTIVE DRIVE STE 300 CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34110 DIRECTUR, ALESIDENT ☐ Change **Addition** ☐ Delete TITLE TITLE NAME RUBERT S. HARDY NAME UD EXECUTIVE DAVE #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT ☐ Change Addition Delete TITLE ARRY GOOE NAME 500 EXECUTIVE DRIVE # 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34119 TREASURER SEC. JANET KELLY SECRETARY ☐ Change ☐ Delete TITLE TITLE JANET NAME NAME EXECUTIVE DRIVE #300 STREET ADDRESS STREET ADDRESS 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 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:

SCHATURE AND TOPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2000 (941)59n-906/
Date Davine Phone #