2001 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P00000020848 1. Entity Name GATORLAND REALTY, INC. 04-19-2001 90068 023 ***150.00 Principal Place of Business Mailing Address 14591 S.E. HWY, 19 14591 S.E. HWY. 19 INGLIS FL 34449 INGLIS FL 34449 UVUJJUZB DO NOT WRITE IN THIS SPACE Applied For ty & State 🔒 FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EGAN, CHRIS S 20761 CHESTNUT ST. **DUNNELLON FL 34431** 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATUR FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **X** Addition DIZECTOR Change Delete. TITLE ROY S. FANTELLI 14951 SE HWY 19 TITLE NAME NAME EGAN. CHRIS S STREET ADDRESS STREET ADDRESS 20761 CHESTNUT ST. CITY-ST-7IP CITY-ST-ZIP **DUNNELLON FL 34431** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FANTELLI 4-11-01

447-427

Daytime Phone #