2001 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2001 8:00 am DOCUMENT # P0000062499 **Secretary of State** 1. Entity Name 02-27-2001 90327 008 ***150.00 GATOR'S DOCKSIDE OF BEACH BLVD., INC. Principal Place of Business Mailing Address 160 INTERNATIONAL PKWY, SUITE 270 160 INTERNATIONAL PKWY, SUITE 270 HEATHROW FL 32746 HEATHROW FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FE! Number 59 - 366 5064 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CIPPARONE, PAUL Street Address (P.O. Box Number is Not Acceptable) **66 STONEFIELD LOOP HEATHROW FL 32746** 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 Fiorida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition TITLE TITLE Delete CIPPARONE, ANTHONY J NAME NAME DERR CHASE RUN STREET ADDRESS 661 STONEFIELD LOOP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HEATHROW FL 32748** TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADURESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Сhалде Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address print all other like empowered. SIGNATURE:

2/.