FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 12, 2001 8:00 am P00000082319 **DOCUMENT # Secretary of State** 1. Entity Name 07-12-2001 90120 009 ***550.00 YANKEE LAND DEVELOPMENT, INC. Mailing Address Principal Place of Business 1819 MAIN STREET 1819 MAIN STREET EUU73184 SUITE 500 SUITE 500 SARASOTA FL 32436 SARASOTA FL 32436 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 35858 Applied For City & State City & State Not Applicable Country \$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 Name YANCHEK, JOHN A Street Address (P.O. Box Number is Not Acceptable) 1819 MAIN STREET SUITE 500 SARASOTA FL 32436 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (2/01) ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME YANCHEK, JOHN A STREET ADDRESS 1819 MAIN STREET SUITE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF SARASOTA FL 32436 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ~ [·-] · Change Addition: - Delete TITLE -TITI E-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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