2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am Secretary of State DOCUMENT # P00000111318 1. Entity Name Genesis Resorts International, Inc. 05-02-2001 90176 040 ***150.00 Principal Place of Business Mailing Address 500 15th Street West 500 15th Street West Bradenton, FL 34205 Bradenton, FL 34205 C0057486 2. Principal Place of Business 3. Mailing Address 590 Haben Blvd. 590 Haben Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FFI Number Applied For Palmetto, FL Palmetto, Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34221 Fee Required 34221 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Galvano, William S. Galvano William S.-500 15th Street West Street Address (P.O. Box Number is Not Acceptable) <u>1023 Manatee Avenue West</u> Bradenton, FL 34205 City Bradenton mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 420-0 ed name of registered agent and title if applicable FILE NOW!!! FEE IS:\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 11. 12. TITLE ☐ Delete Addition NAME Fernandez, Michael A. Fernandez, Michael A. STREET ADDRESS 500 15th Street West STREET ADDRESS 590 Haben Blvd. CITY - ST - ZIF Bradenton, FL 34205 CITY-ST-ZIP Palmetto, ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-7IP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 adcurate and that my signature shall have the same legal effect as if made under outling 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 attachm address, with all other re empowered.

NAME

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-2IP

Michael Fernandez, Director 4-20-01 941-7441458

SIGNATURE AND YPED OF MATED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

☐ Addition