2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000115765 1. Entity Name DICKINSON MANAGEMENT, INC.						FILED May 03, 2001 8:00 am Secretary of State 05-03-2001 90038 015 ***158.75				
Principal Place			·							
801 MAPLEWOOD DR. STE 22-A JUPITER FL 33458		801 MAPLEWOOD DR. STE 22-A JUPITER FL 33458								
	lace of Business Foney Penna Dr. #. etc.	3. Mailing Address 400 Toney Penna Dr. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	er, FL	City & State			4.	FEI Number			plied For	
Zip	Country	Jupiter, FL Zip Country			5	65-1063996 Certificate of Status Desired		8.75 Add		
33458	3 USA 6. Name and Address of Current R	33458	USA			Name and Address of New Re	Fe	e Required	d 	
BERROCAL, CAROLS J 400 TONEY PENNA DR JUPITER FL 33458				Street Ac	ne avid K. Vaughn et Address (P.O. Box Number is Not Acceptable) 20 Toney Penna Dr. apiter					
	-			City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	• 8	
Tax filing r	Signature, typed or printed name of registered agent and rration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)		FEE IS	gent signatu \$ \$150.0 ill be \$5	e required when 0 50.00 of State	10. Election Campaign Fina Trust Fund Contribution		\$5.0 Added	0 May Be to Fees	
11. TITLE NAME STREET ADDRESS			12. TITLE NAME STREET CITY-SI	ADDRESS	Direc David 400 T	DDITIONS/CHANGES TO OFFIC tor/President K. Vaughn oney Penna Dr.		IRECTORS	S IN 11	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUPITER FL 33458		TITLE NAME	ADDRESS	Direc Jay S 400 Te	er, FL 33458 tor/Chairman . Hennick oney Penna Dr. er, FL 33458		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-SI	ADDRESS I- Zip	Direc Timot 400 To	tor/Vice Pres. hy J. Greener oney Penna Dr. er. FL 33458	[Change	X Addition	
TITLE Name Street address City-st-zip		Delete	TITLE NAME STREET CITY-ST	ADDRESS T- ZIP	Secre D. Sc 400 To	tary ott Patterson oney Penna Dr. er, FL 33458]	Change	X Addition	
TITLE NAME Street Address City-St-Zip		🗖 Delete	TITLE NAME STREET CITY-ST	ADDRESS 1- ZIP			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-ST	ADDRESS I-ZIP			[Change	Addition	
 I hereby c indicated of the corr changed, 	ertify that the information supplied with the on this report or supplemental report is to poration or the receiver or fustee empow or on an attachment with an address, with	nis filing does not qualify for t rue and accurate and that my vered to execute this report a th all other like empowered.	he exemp signatur s required	tion state shall ha d by Cha	ed in Section we the same oter 607, Flo	 119.07(3)(i), Florida Statutes. I elegal effect as if made under or rida Statutes; and that my name 	further certify ath; that I am appears in E	that the in an officer lock 11 or	nformation or director Block 12 if	
SIGNAT	URE:	NTED NAME OF SIGNING OFFICER O		<u>David</u>	K.Vaugh	<u>n 4/27/01 (</u> Date		17 - <u>55 (</u> ime Phone #	25	