2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am \$ Secretary of State P01000116264 DOCUMENT # 1. Entity Name 05-15-2002 90169 036 ***150.00 HERITAGE PARK ASSOCIATES III, INC. Mailing Address Principal Place of Business 1430 KENILWORTH STREET C/O WILLIAM M. SEIDER SARASOTA FL 34231 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address 26212 MADRAS COURT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For Gity & State City & State har lotte Harbor Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired 33983ر-يىر Fee Required -US ----7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEIDER, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 Zip Code City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 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. TITLE ☐ Delete TITLE PALMER, PHILIP J NAME NAME 26212 MADRAS COURT STREET ADDRESS STREET ADDRESS 1430 KENILWORTH STREET Charlote Harbor I-L 39 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 TITLE TITLE ☐ Delete NAME NAME MORRIS, ROBERT A JR STREET ADDRESS STREET ADDRESS 1430 KENILWORTH STREET CITY-ST-ZIP SARASOTA FL 34231 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE 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 ☐ Defete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 of 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 an address, with all other like empowered. 原常医DPHILIP J. PALMER

SIGNATURE: