2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

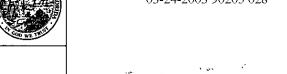
P02000078638 DOCUMENT

1. Entity Name

SAVANNAH CROSSING DEVELOPERS, INC.



FILED Mar 24, 2003 8:00 am secretary of State 03-24-2003 90205 028 ***150.00



Principal Place of Business Mailing Address 508-A CAPITAL CIRCLE S.E. 508-A CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For -3701670 Not Applicable Zip Country 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 Name ----TURNER, DOUGLAS E Street Address (P.O. Box Number is Not Acceptable) 508-A CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301 City 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete Change TITLE TITLE Addition BLANKENSHIP, MICHAEL L NAME NAME 4123 WOODVILLE HWY STREET ADDRESS. STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL 32314 CITY-ST-ZIP DP TITLE ☐ Delete Change Addition TURNER, DOUGLAS E NAME NAME STREET ADDRESS 508-A CAPITAL CIRCLE S.E. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32301 CITY-ST-ZIP _ , 🗀 Change TITLE DTS ومسيحا مجازي Delete -TITLE _ ☐ Addition NAME BASS. KAREN K NAME STREET ADDRESS 902 N GADSDEN STREEET STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP TITLE D ☐ Delete ☐ Change ■ Addition MOORE, RICHARD A NAME NAME 902 N GADSDEN STREEET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition BENNETT, JIMMY R NAME NAME STREET ADDRESS 3402 APALACHEE PKWY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32311 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BASS, EDWARD N III NAME NAME 3077 KILLEARN POINTE COURT STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP CITY-ST-ZIP

12. 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 truetiee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if h all other like empowered

SIGNATURE