2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P15869 May 19, 2000 8:00 am Secretary of State 1. Entity Name EAGLE CREEK HOLDINGS, INC. 05-19-2000 90001 002 ***158.75 Principal Place of Business Mailing Address 601-EAGLE-CREEK-DRIVE 601 EAGLE CREEK-DRIVE NAPLES FL 34113-8036 NAPLES FL 34113 3. Mailing Address 2. Principal Place of Business 625 Eagle Creek Drive 625 Eagle Creek Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2818026 Not Applicable Zip Country Zip 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatura required when reinstating) DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CTD Change ☐ Addition TITLE ☐ Delete TITLE SCHWAGER, HANSPETER NAME NAME 601-EAGLE CREEK-DRIVE STREET ADDRESS STREET ADDRESS 625 Eagle Creek Drive CITY-ST-ZIP CITY-ST-ZIP NAPLES FL SD (X) Change ☐ Addition TITLE ☐ Delete TITLE STEINEMANN, HANSJORG NAME NAME 625 Eagle Creek Drive **601 EAGLE CREEK DRIVE** STREET ADDRESS STREET ADDRESS 34113 CITY-ST-ZIP CITY-ST-7/P NAPLES FL VASD TITLE Change ☐ Addition ☐ Delete TITLE AMICO, DAVID J NAME NAME 601-EAGLE CREEK-DRIVE 625 Eagle Creek Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34113 NAPLES FL CITY-ST-ZIP ☐ Delete M Change ☐ Addition TITLE TITLE LIPS, HERBERT NAME NAME STREET ADDRESS 601-EAGLE CREEK-DRIVE-STREET ADDRESS 625 Eagle Creek Drive CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34113 N. 17. 2 2 7 12. Change ☐ Addition ☐ Detete TITLE 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 13. I hereby 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 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 with an address, with all other like empowered.

David J. Amico

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000

(941) 775-2227

Daytime Phone #