## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am Secretary of State P92000014104 DOCUMENT # 1. Entity Name 05-14-2002 90068 030 \*\*\*150.00 VFA-TIMUQUANA PARTNERS, INC. Principal Place of Business Mailing Address 3020 HARTLEY ROAD 3020 HARTLEY ROAD SUITE 300 SUITE 300 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3164735 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent I BEDRY BURN FIRE Name FARRELL, MARK T. Street Address (P.O. Box Number is Not Acceptable) 3020 HARTLEY ROAD STE-300 Zip Code JACKSONVILLE FL 32257 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. TAKKAH MIT EL COLE 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE DP NAME ROOD, JOHN D 3020 HARTLEY ROAD SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 -Addition ☐ Delete TITLE TITLE **VS** NAME NAME FARRELL, MARK ... STREET ADDRESS STREET ADDRESS 3020 HARTLEY ROAD SUITE 300 CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32257 ☐ Change Addition TITI F **VI** = 10 (32.25) TITLE ... NAME NAME SMITH, BERNARD STREET ADDRESS STREET ADDRESS 3020 HARTLEY ROAD SUITE 300 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Addition · 🔲 Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete THE PRIEF SCHOOL SUITE CO NAME NAME 2-14-1016 EL 32257 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark T. Farrell April 19, 2002

(904) 260-3030

Daytime Phone #

Date