FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 14, 2002 8:00 am § Secretary of State P93000036513 DOCUMENT # 1. Entity Name DEBARY COUNTRY CLUB REALTY, INC. 05-14-2002 90359 010 ***158.75 Principal Place of Business Mailing Address 100 DEBARY PLANTATION BLVD. 2600 DOUGLAS ROAD SHIFT 800-00000 DEBARY FL 32713 505 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 2600 Doust Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 505 City & State City & State 4. FEI Number Applied For 59-3187704 Coral Gables Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ろろしろい Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VERNON, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 2000 Douglas Rd., #505 100 DEBARY PLANTATION BLVD. , DEBARY FL 32713 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 liam G. V ed or printed name of registered agent and title it applicable 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition VERNON, WILLIAM G. NAME NAME STREET ADDRESS 100 DEBARY PLANTATION BLVD STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 CITY-ST-ZIP TITLE STD ☐ Delete TITLE Change ☐ Addition NAME PREMER, ROY A NAME STREET ADDRESS 2600 DOUGLAS RD STE 505 STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME AFFLEBACH, JACK NAME STREET ADDRESS 100 DEBARY PLANTATION BLVD. STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 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. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR