2001 UNIFORM BUSINESS REFORT (UBR) DOCUMENT # YACHT + COUNTRY CLUB PROTORTIOS luc FILED JUL 12 PH 2: 33 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable 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 WILLIAM M. KOLLY 3590 S.E. DIXIO HWY SWART, FL. 34997 Street Address (P.O. Box Number is Not Acceptable) Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00-May Be-Tax filing requirement and elects to do so: After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP # CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete. TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE 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. Infurther 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:

01

YteHT L COUNTRY CLUB PROTORTIES INC 13590 St. DIXIE HIGHWAY SOVARS, FL. 37997 Olive 29, 200/ vol PQ3 43741 DIVISION OF CARTORATIONS P.O. Box 6327 TAILA HASSEE, FL. 32314 Ro. Corporation Rowen GENTLEMEN: PLASE EXCUSE THE LATISNESS OF THE ROPORING LAGE; MANY ROPSONS FOR OUR OUL OFFICE STAFF; OF THE COMPANY, HAVE HAD MANY HAPPE SUR QURISS AND BAD ACCIDENTS HAPPEN THIS YEAR AND AND UNDON DOCTORS ORDORS
BOOKIDDEN AND UNDON DOCTORS BEDRIDDEN AND UNDON DOCTORS NOT TO WALK. I AM WINH CHUTCHOS AND BROKEN LIMES DUE TO A BAD FAIR. BE PSIDSPATOD AT THE OLIGINAL FEE OF \$ 158.75 (CHOCK ENCLOSED). FEELINGS IN THIS MATIER. Sincorpor golly