FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P93000066797 1. Entity Name SENECA LAND COMPANY, INC. 04-30-2001 90385 035 ***150.00 Principal Place of Business Mailing Address 3201 W HALLANDALE BCH BLVD 3201 W HALLANDALE BCH BLVD PEMBROKE PARK FL 33023 PEMBROKE PARK FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0439775 Not Applicable Zip Country --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 DINER, JESSE H Street Address (P.O. Box Number is Not Acceptable) 1946 TYLER STREET HOLLYWOOD FL 33020 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. 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 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) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CH2E034 (10/00) ☐ Delete ☐ Addition TITLE TITLE Change NAME PADGETT, LONNIE NAME STREET ADDRESS STREET ADDRESS 3201 W HALLANDALE BCH BLVD CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PARK FL TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME MOSELY, MARION NAME STREET ADDRESS STREET ADDRESS 3201 W HALLANDALE BCH BLVD CITY-ST-ZIP CITY-ST-ZII PEMBROKE PARK-FL-TITLE ☐ Delete ☐ Change ☐ Addition TITLE GORDON, FLEM NAME NAME STREET ADDRESS 3201 W HALLANDALE BCH BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PARK FL ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.