changed, or on an attachment with

SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR) FILED DÓCUMENT # P93000078910 Mar 01, 2000 8:00 am Secretary of State LE RIVAGE OF NAPLES, INC. 03-01-2000 90058 017 ***150.00 Principal Place of Business Mailing Address 4200 GULF SHORE BLVD. NORTH 4200 GULF SHORE BLVD. NORTH NAPLES FL 34103-3436 NAPLES FL 34103 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0468142 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 CATALANO, ANTHONY J Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TRAIL NORTH STE. 404 NAPLES FL 34103 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 DATE 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, 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE LUTGERT, SCOTT F NAME NAME 4200 GULF SHORE BLVD N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP VSD ☐ Change ☐ Addition ☐ Delete TITLE BAKER, RICHARD J NAME 4200 GULF SHORE BLVD N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL VTD Change ☐ Addition TITLE ☐ Delete TITLE GUTMAN, HOWARD NAME NAME 4200 GULF SHORE BLVD N STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-7IP [7] Change ☐ Addition ☐ Delete TITLE TITLE **GUTMAN, HOWARD** NAME NAME 4200 GULF SHORE BLVD N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supply indicated on this report or supplemental, of the corporation or the receiver or rush

HOWARD B. GUTMAN